FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90118 043 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001391

1. Entity Name
Nexcom, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4343 Fortune Place	4343 Fortune place
Suite, Apt. #, etc. Unit #C	Suite, Apt. #, etc. Unit #C
City & State Melbourne, Florida	City & State Melbourne, Florida
Zip 32904 Country Brevard	Zip 32904 Country Brevard

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3358238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Terry L. McCallough
Street Address (P.O. Box Number is Not Acceptable): 126 E. Jefferson St.
City: Orlando FL Zip Code: 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: T.L. McCallough 4/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required where indicated.) Date

9. This corporation is eligible to qualify its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Raymond W. Costello
STREET ADDRESS	751 Hawksbill Island Drive
CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	Sr. Vice President
NAME	Donald W. Leddin
STREET ADDRESS	4655 Cardwood Drive
CITY-ST-ZIP	Melbourne, Florida 32934

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald W. Leddin 27 March 2002 321-953-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #