2003 FOR PROFIT CORPORATION

of the corporation or the receiver or frustel changed, or on an attachment with an add

SIGNATURE

Mar 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P96000025952 **DOCUMENT #** 1. Entity Name 03-24-2003 91008 045 ***150.00 WEB CAST I, INC. Mailing Address Principal Place of Business 129 NW 13TH ST 129 NW 13TH ST SUITE D-27 SUITE D-27 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State 65-0657099 Not Applicable Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WATERS, FREDERICK Street Address (P.O. Box Number is Not Acceptable) 123 N.W. 13TH ST. **SUITE 215 BOCA RATON FL 33432** 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. the obligations of regis SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, type -- FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE WATERS, FREDERICK NAME NAME 129 N.W. 13TH ST. STREET ADDRESS 123 NW 13TH ST SUITE 215 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-7IF Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 optrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED