FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2001 8:00 am Secretary of State DOCUMENT # **P96000030900** JAEGER COMMUNICATIONS INC. 01-19-2001 90095 025 ***158.75 Principal Place of Business Mailing Address 20344 NW 56TH COURT 20344 NW 56TH COURT MIAMI FL 33055 MIAMI FL 33055 C0006327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0664034 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAEGER, KENNETH Street Address (P.O. Box Number is Not Acceptable) 20344 NW 56TH COURT MIAMI FL 33055 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT CR2E034 (10/00) TITLE ☐ Delete TITLE JAEGER, KENNETH P JAEGER, KENNETH. P NAME NAME 20344 NW 56 CT STREET ADDRESS STREET ADDRESS 20344 NW56 et. CITY-ST-ZIP MIAMI FL 33055 CITY-ST-ZIP MIAM! FL 33055 TITLE ☐ Delete TITLE Change ☐ Addition JAEGER, KENNETH D NAME NAME 20344 NW 56TH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-FL 33055-CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR