20G1 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P96000049992 1. Entity Name SILICONEXION, INC. 04-12-2001 90547 049 ***150.00 Principal Place of Business Mailing Address 10380 131ST ST 100 SUMMERWIND LANE しほいりりません LARGO FL 33774 OLDSMAR FL 34677 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 59-3383275 Applied For Not Applicable Zip Country 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 KILLINGSWORTH, JESSE J Street Address (P.O. Box Number is Not Acceptable) 10380 131ST ST LARGO FL 33774 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS 12. PTD CR2E034 (10/00) Delete TITLE ☐ Change Addition TIT) F MOORE, WAYNE T NAME NAME 100 SUMMERWINDS LANE STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE KILLINGSWORTH, JESSE J. NAME 10380 131ST ST. STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete CALTAGIRONE JOSEPH D .--NAME NAME: -STREET ADDRESS 7006 BONAVENTURE DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE LUMIA, JAMES NAME NAME 2615 PARKLAND BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA F CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE WEDLAKE, JAMES NAME NAME 11671 GROVE ST. STREET ADDRESS STREET ADDRESS SEMINOLE FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an accress, with all other like empowered.

WAYNE MOURE, PRES April 8, 2001 727 786-0004