| Table 1, Subject of District Court   Subject of Courty   Subject of Note Registered Appoint   Subject of Note Registered Appoint   Subject of Courty   Subject of Note Registered Appoint   Subject of Note Registere   | DOCUMENT # P9600072869  1. Entity Name CELL-PAGE COMMUNICATION, INC.   |   |  |   |                       |   |                                  | FILED Jan 16, 2001 8:00 am Secretary of State   |  |  |
|--|--|---|--|---|-----------------------|---|----------------------------------|---|--|--|
| Scrite, Apr. 9, etc.    Copy & State   Copy & Copy & State   Copy  | 103100 OVERSI<br>STUIE 41<br>KEY LARGO FL  | eas hwy   | s  | 4504 IDA COURT<br>LABELLE FL 33935                              |                       |   |                                  | 01-16-2001 90083 032 ***150.00  |  |  |
| Zep Country   Zip   Country   S. Certification of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional   Fee Required   \$8.75 Additional   Fee Required   \$8.75 Additional   Fee Required  | 2. Principal P   | lace of Busin                                     | ness   | 3. Mailing Address  |                       |   | -                                |   | A MARIE CALLED STATE OF THE PARTY OF THE PAR |  |
| Solution  | Suite, Apt.  | #, etc.   | <del></del>  | Suite, Apt. #, etc.   |                       |   |                                  | DO NOT WRITE IN THIS SPACE  | Control of the second  |  |
| BARBER, GLIBERT UR  4504 IDA COURT  LABRUE FL 33935  8. The above named entity submits insis statement for the purpose of changing its registered difficult registered agent, or both, in the State of Florida.  8. The above named entity submits insis statement for the purpose of changing its registered difficult registered agent, or both, in the State of Florida.  8. The above named entity submits insis statement for the purpose of changing its registered difficult registered agent, or both, in the State of Florida.  8. The above named entity submits insis statement for the purpose of changing its registered difficult registered agent, or both, in the State of Florida.  8. The above named entity submits insis statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The corporation is eligible to statisty its Intaregible TRUE NOW!!! FEE IS 150,000 May to Check Payabole to Department of State  9. This corporation is eligible to statisty its Intaregible TRUE NOW!!! FEE IS 150,000 May to Check Payabole to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INIT.  WARE ARREST AURIES.  ONT -51-2P    Deale  |  | e   |  | ,   |                       |   |                                  | Not Applicable  | ,  |  |
| BARBER, GIBERT JR 4504 DA COURT USBELLE FL 33935  City FL Zip Code  SIGNATURE  Signal and printing a series of majorine distription and city general printing place particles and purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signal and printing and city submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signal and printing and city submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signal and printing and city submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE:  Signal and printing and city submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE:  Signal and printing agent and signal agent and signal agent and signal agent and signal agent  |  |   |  | <u> </u>  |                       |   |                                  | Fee Required  |  |  |
| SIGNATURE  Signature, speed of prived name of registered agent and time a spectage.  9. This corporation is eligible to satisfy its Indangble Tax infing opcurament and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  After MAY 2, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 2, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 2, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 2, 2001 Fee will | BARBER, GILBERT JR 4504 IDA COURT LABELLE FL 33935   |   |  |   |                       |   |                                  | Box Number is Not Acceptable)   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-S   | SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required who  1. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00 |   |  |   |                       |   |                                  | 10. Election Campaign Financing \$5.00 May Be   |  |  |
| SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM   | 11.  |   | OFFICERS AND   | DIRECTORS   | 12.                   |   | AD                               |   |  |  |
| NAME STREET ADDRESS CITY-ST-ZP  TITLE Oblete TITLE ONAME STREET ADDRESS CITY-ST-ZP  TITLE OBLETE OFFICEROPRESS CITY-ST-ZP TITLE OBLETE TITLE OBLETE OFFICEROPRESS CITY-ST-ZP TITLE OBLETE OFFICEROPRESS ORD OF   | NAME<br>STREET ADDRESS   | 4504 IDA  | NAMBER, GILBERT J 504 IDA COURT stre                       |   |                       |   |                                  |   |  |  |
| NAME STREET ADDRESS CITY - ST- ZIP  TITLE  | NAME<br>STREET ADDRESS   |   |  | □ Delete  | NAM<br>STRE           | E<br>Et address   |                                  | ☐ Change ☐ Addition ☐   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY   | NAME<br>STREET ADDRESS   |   |  | ☐ Delete  | NAM<br>STRE           | E<br>ET ADDRESS   | -                                | ☐ Change ☐ Addition   |  |  |
| CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  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 of execute his 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.  SIGNATURE:  SIGNATURE:  SIGNATURE  Date  Description  Descrip   | NAME<br>STREET ADDRESS   |   |  | ☐ Delete  | NAM<br>STRE           | E<br>ET ADDRESS   |                                  | ☐ Change ☐ Addition   |  |  |
| 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 of execute his 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 laddress, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE:  Date  | NAME<br>STREET ADDRESS   |   |  | ☐ Delete  | NAM<br>STRE           | E<br>ET ADDRESS   |                                  | ☐ Change ☐ Addition   |  |  |
|  | NAME<br>STREET ADDRESS   |   |  | ☐ Delete  | NAM<br>STRE           | EET ADDRESS   |                                  | - Change Addition   |  |  |
|  | indicated<br>of the cor<br>changed,  | on this repor<br>poration or the<br>or on an atta | rt or supplemental report i:<br>ne receiver or trustee emp | s true and accurate and that r<br>owered to execute this report | ny signa:<br>as requi | mption stated in<br>ture shall have the<br>red by Chapter 6 | Section<br>ne same<br>607, Flori | 119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 11 or Block 12 if |  |  |
|  | SIGNAT   | URE: _  | SIGNATURE AND TYPED OF                                     | MINIED HAME OF SIGNING OFFICER                                  | OR DIRECT             | FOR   |                                  | Date Daytime Prions #   | - 11 (1) (1) (1) (1) (1) (1) (1) (1) (1)   |  |