2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Aug 22, 2000 8:00 am Secretary of State DOCUMENT # P96000080038 1. Entity Name SOUTHPORT VENTURES, INC. 08-22-2000 90005 037 ***550.00 Mailing Address Principal Place of Business 396 S. WITCHDUCK RD., SUITE 200 633 FIFTH KEY DRIVE FT. LAUDERDALE FL 33309 VIRGINIA BEACH VA 23462 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 54-1821191 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURDOCH, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 790 EAST BROWARD BLVD. SUITE 400 FT. LAUDERDALE FL 33301 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition DP Change Change Delete TITLE TITLE BOYD, JOSEPH W JR NAME NAME STREET ADDRESS 396 S. WITCHDUCK RD., SUITE 200 STREET ADDRESS CITY-ST-ZIP VIRGINAI BEACH VA 23462 CITY-ST-7IP VIRGINIA BEACH VA 23462 Addition ☐ Delete TITLE TITLE MINSCHKE, FRANK B II NAME STREET ADDRESS STREET ADDRESS 396 S. WITCHDUCK RD., SUITE 200 CITY-ST-ZIP CITY-ST-ZIP VIRGINAI BEACH VA 23462 . 🖬 Addition Delete-TITLE TITLE VID S. RUDIGER NAME NAME 6 S. WITCHDUCK RD ST8 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VIRGINIA BEACH VA 23462 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address, with all other the empowered.