2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 05, 2000 8:00 am Secretary of State DOCUMENT # P96000098126 1. Entity Name DIGIWERKS, INC. 07-05-2000 90878 043 ***150.00 Principal Place of Business Mailing Address 612 NW 62ND ST 612 NW 62ND ST MIAMI FL 33150 MIAMI FL 33150-4330 US U\$ 3. Mailing Address 2. Principal Place of Business SIN. 15 RD. 1817AM 240 240 15 RD. Suite, Apt. # etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0709503 Not Applicable Miam Miumi 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 Name WHITTAKER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4450 SW 143RD AVENUE MIRAMAR FL 33027 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. ☐ Change · 🔲 Addition PD TITLE Delete TITLE WHITTAKER, RICHARD NAME NAME 4450 SW 143RD AVENUE STREET ADDRESS STREET ADORESS MIRAMAR FL 33027 CITY-ST-ZIP CITY-ST-ZIP Addition PD 🔀 Change ☐ Deteta THLE Whitaker, Richard NAME NAME 15:RD , Smite 240 SW STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 7333F MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(1), 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 employees to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block 12 if

SIGNATURE: MING OFFICER OR DIRECTOR