2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P9700000527 TECHNION COMMUNICATIONS CORPORATION 01-31-2001 90190 038 ***150.00 Mailing Address Principal Place of Business 4000 HOLLYWOOD BLVD 4000 HOLLYWOOD BLVD 755-S 755-S HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0722738 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lederman-Rub Marta ~FIELDSTONE, RONALD R ESQ. Street Address (P.O. Box Number is Not Acceptable) Suite 755 South 200-SOUTH BISCAYNE BOULEVARD -SUITE-2100 - MIAMI FL 33131the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sy mits **#**his statement # SIGNATURE (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 11. OFFICERS AND DIRECTORS 12. Addition Change n ☐ Delete TITLE TITLE Lederman-Rub, Marta PAPUNEN, SANDRA NAME 4000 Hollywood Blvd, Suite Hollywood, FC 33021 755-5 STREET ADDRESS 4000 HOLLYWOOD BLVD., #755-S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE NAME EISDORFER, CHRIS NAME STREET ADDRESS STREET ADDRESS 4000 HOLLYWOOD BLVD., #755-S CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021-☐ Change ☐ Addition Detete TITLE FIELDSTONE, RONALD R ESQ NAME NAME STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 2100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ 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 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 pustee empowered to effect 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.