FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 90 JUN -9 AM 8:59 000031888 DOCUMENT # SECCETARY OF STATE 1. Corporation Name TALLAMASSEE, FLORIDA CORPORATION Vox Principal Place of Business Mailing Address 2291 N.W. 35 Street DO NOT WRITE IN THIS SPACE Patm, FL 33431 3. Date Incorporated or Qualifed 6-4-07 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Zip Country This corporation owes the current year Intangible 25 29 30 Personal Property Tax. 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name RICHARD A. GLOCK Street Address (P.O. Box Number is Not Acceptable) 510 CARRINGTON DRIVE 83 WESTON, 85 Zip Code 84 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ed when reinstating) Signature, typed or printed name of registered agent and title if applicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] DELETE [] Change [] Addition 11 TITLE TITLE PRESIDENT 400002905704 NAME 1.2 NAME RICHARD 4. GLUCK -06/15/99--01095--009 1.3 STREET ADDRESS **STREET ADDRES** ****150.00 ****150.00 510 CARRINGTON B. 1.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition 21 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIF DELETE [] Change [] Addition TITLE 3.1 TITLE TREASURER 32 NAME NAME RICARDO A-GLOCK SIO CARRINGTON DRIVE WESTON, FL 33326 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP [] DELETE [] Change [] Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY+ST+ZIP CITY-ST-ZIP [] DELETE [] Addition TITLE 5 1 TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP □ Addition 6 1 TITLE LIDELETE TITLE 6.2 NAME NAME

14. Thereby 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 annual report of supplemental annual 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 13 if changed, or or an attachment with an address, with all other like empowered.

STREET ADDRESS

6.3 STREET ADDRESS

SIGNATURE: 1 (954) 389 8651

CR2E034 (11/98