2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9700032686 May 03, 2000 8:00 am Secretary of State WINDSTAR INVESTIGATIVE NETWORK, INC. 05-03-2000 90087 041 ***158.75 Mailing Address Principal Place of Business 902 NE 1ST ST --- NE 1ST ST BEACH FL 33060-6336 POMPANO BEACH FL 33061-0801 Principal Place of Business 3. Mailing Address 9900 W. JAMPLE K.D. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DUITE 300 Applied For City & State 4. FEI Number 65-0745988 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RENZY, RON W P A Street Address (P.O. Box Number is Not Acceptable) 10100 W. SAMPLE RD SUITE 311 **CORAL SPRINGS FL 33065** 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. (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, 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. PD SANDRA L. McGHE Addition TITLE □ Delete TITLE NAME MCGHEE, SANDRA L 9900 W. SAMPLE R.D., SUITE 300 CORAL SPRINGS, FL 33065 STREET ADDRESS STREET ADDRESS 902 NE 1ST ST., SUITE 205 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060-6336 VD WILLIAM R. Mc GHEE 9900 W. SAMPLE RD., SUITE 300 CORAL SPRINGS, FL 33065 Change ■ Addition ☐ Delete TITLE TITLE NAME MCGHEE, WILLIAM R STREET ADDRESS STREET ADDRESS 902 NE 1ST ST., SUITE 205 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060-6336 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME

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 like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

CITY-ST-ZIP

TITLE

NAME

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STREET ADDRESS

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CITY-ST-7IF

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TITLE

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