FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000060424 (3) STARLIGHT DATA GROUP, INC. Principal Place of Business Mailing Address 123 WHITE DRIVE D-3 TALLAHASSEE FL 32304 123 WHITE DRIVE D-3 TALLAHASSEE FL 32304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3456722 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zıp 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEMINGWAY, JOSEPH 123 WHITE DRIVE D-3 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32304 83 84 City Zip Code 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 familifar with and accept the obligations of, Section 607.0505, Florida Statutes. 25 FEB 98 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE HEMINGWAY, JOSEPH HEMINGWAY, JOSEPH NAME 1.2 NAME 1325 EAST TENNESSEE ST SUITE 3 123 WHITE DRIVE D-3 STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32304 TALLAHASSEE FL 32308 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-2# 5.4 CITY-ST-ZIP 500002461725 -03/19/98--01020--011 DELETE Addition 61 TITLE TITLE

14. Thereby 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 annual report or 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 12 or Block 13 if changed, own an attachment with an address

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

75 EGR 98

***150.00

(950) 575- 33, 2