2001 UNIFORM BUSINESS REPORT (UBR) Mar 12, 2001 8:00 am DOCUMENT # P97000063761 **Secretary of State** 03-12-2001 90007 002 ***150.00 Kratos USA, inc. Mailing Address 1001 N. Federal HWAY # 324 Hallandale Fl 33009 Principal Place of Business 1001 N. Federal HWAY #324 Hallandale Fl 33009 00023999 3. Mailing Address 20533 Biscayne 2. Principal Place of Business 2119 D' Hollywood BLVD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 318 4. FEI Number City & State City & State Applied For Aventura Hollywoode 65-0179950 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33,0,20 USA 3318-0 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sharypov, Veadimir 1001 N. Federal HWY, suite 324 Street Address (P.O. Box Number is Not Acceptable) Hallandale Fl. 33009 8. The above named entity submits this statement for the purpose of changing its registered office or egistered agent, or both, in the State of Florida. Andrei Turasher 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. __ Delete TITLE Addition TITLE Turasheu Andrei N. Turashev, Andrei N. 6701 Collins Ave NAME NAME 367 Poinciana Island Brive Sunny 1Hes Beach Fl 33 STREET ADDRESS STREET ADDRESS miami Beach Fl 33/41 CITY-ST-ZIP CITY-ST-7iP ☑ Delete TITLE TITLE ☐ Change Addition Sharypor, Vladimir 1001 N. Federar Hwy, suite 324 Hallandale Fl 33 609 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME _ . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

OR DIRECTOR