2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 06, 2000 8:00 am Secretary of State DOCUMENT # **P97000078505** INTELEDIGM COMMUNICATIONS INC. 07-06-2000 90008 040 ***550.00 Principal Place of Business Mailing Address 10448 ST. TROPEZ PL 4524 N. 56 ST TAMPA FL 33610 TAMPA FL 33615-4213 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3466649 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (PD. Box Number is Not Acceptable) LUGRIS, MARY EGAN 10448 ST TROPEZ PLACE **TAMPA FL 33615** City Zip Code 33しつこ 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 After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. 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. Lucis Mary Egan ☐ Delete TITLE TITLE LUGRIS, MARY EGAN NAME Harmall Brille Circle NAME STREET ADDRESS 10448 ST TROPEZ PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** Delete TITLE NAMÉ LUGRIS. ERIK NAME STREET ADDRESS 10448 ST TROPEZ PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** nous FL 33LDee ☐ Delete IJILE. TITLE REEVES, ALLEN III NAME NAME STREET ADDRESS 4524 N. 56TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPLE FL 33610 ☐ Addition TITLE Change ☐ 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-ZIP ☐ Change ☐ Addition 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 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.

SIGNATURE:

SIGNATURE AND TYPET OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR