2000 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P97000079265** 1. Entity Name AUTOMOTIVE GLOBAL NETWORKS, INC. 04-23-2000 90036 022 ***150.00 Principal Place of Business 615 N BANNOCKBURN AVE 17104 CARRINGTON POINTE DR TEMPLE TERRACE FL 33617 TAMPA FL 33647 3. Mailing Address 2. Principal Place of Business 10410 Greendale Drive 10410 Grandale Orive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3467565 Tamla Tampa. Not Applicable Country US A Country \$8.75 Additional 33626 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOUDIJN, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 615 N BANNOCKBURN AVE **TEMPLE TERRACE FL 33617** Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 4 12. .11. President ☐ Addition PD ☐ Delete TITLE SOUDIJA, ArThuR SOUDIJN, ARTHUR NAME NAME 10410 Greendale prive 17104 CARRINGTON DR #527 STREET ADDRESS STREET ADDRESS Tampa, FI 33626 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 Change ☐ Addition VSTD TITLE TITLE Delete wyaft, Roger k JR. 10410 Greendale Drive WYATT, ROGER K JR NAME NAME STREET ADDRESS 17104 CARRINGTON PK DR #527 STREET ADDRESS CITY-ST-ZIP Tamea F1 33626 CITY-ST-ZIP **TAMPA FL 33647** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

813-926-9687

Daytime Phone #