2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095007 May 15, 2000 8:00 am Secretary of State 1. Entity Name WEB'COMM USA INC 05-15-2000 90222 010 ***150.00 Mailing Address Principal Place of Business 1704 SOUTH CREEK DRIVE 1704 SOUTH CREEK DRIVE OSPREY FL 34229-9119 OSPREY FL 34229 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3501772 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PLYNAAR, PATRICK Street Address (P.O. Box Number is Not Acceptable) 1704 SOUTH CREEK DRIVE OSPREY FL 34229 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (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 filing 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. ☐ Addition TITLE Delete TITLE PLYNAAR, PATRICK NAME NAME STREET ADDRESS 1704 S CREEK DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OSPREY FL 34229 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST.7IP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Silver and are s CITY-ST-ZIP CITY-ST-ZIP المراجعة الم ☐ Addition TITLE Delete TITLE SPACE WEEL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

13. I hereby 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 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:

April 25t

(941) 918949

Daytime Phone #