2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P97000097376 1. Entity Name COMMUNICATION SOFTWARE TECHNOLOGIES, INC. 03-20-2000 90104 013 ***150.00 Mailing Address Principal Place of Business 27445 BREAKERS DRIVE PMB #222 WESLEY CHAPEL FL 33543 303-D BELTLINE PLACE SW **DECATUR AL 35603-1716** HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Cityl& State 4. FEI Number Applied For 59-3478145 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOZIER, DANIEL R Street-Address (P.O. Box-Number is Not Acceptable) 125 W. ROMANA ST. SUITE 224 PENSACOLA FL 32501 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITLE Change TAYLOR, TERRENCE NAME NAME 4204 HORSESHOE BEND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DECATUR AL 35603** ☐ Addition ☐ Delete TITLE Change TITLE TAYLOR, TRENT A NAME NAME STREET ADDRESS 464 CAHABA PARK CIRLE STREET ADDRESS CITY-ST-7IP **BIRMINGHAM AL 35242** CITY-ST-ZIP **EVP** Delete [] Change ☐ Addition TITLE TITLE LEWIS, JERRY L NAME NAME 27445 BREAKERS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WESLEY CHAPEL FL 33543** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE LEWIS, HEATHER S NAME NAME STREET ADDRESS 27445 BREAKERS DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WESLEY CHAPEL FL 33543 [] Change □ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delute TITLE ☐ Change TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE CONTURE A DIVIGE OF REPARE

NAME STREET ADDRESS

(TERRY A. TAKOR)

3-14-02

256.341-0142

Date

Daytime Phone #