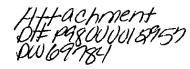
2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 13, 2000 8:00 am DOCUMENT # P98000012957 Secrétary of State 1. Entity Name SYCOM SURGE PROTECTION, INC 07-13-2000 90020 018 ***150.00 Principal Place of Business Mailing Address 5600 24TH TERRACE NORTH 3734 131ST AVE N ST. PETERSBURG FL 33710-4223 LUUUUUIUI SUITE 11 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3492163 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2000 Fee will be \$550.00 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 11. ☐ Delete TITLE ☐ Addition TITLE NAME BRENNAN, DAVID R NAME STREET ADDRESS STREET ADDRESS 5600 24TH TERRACE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE - Delete. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7/P

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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





Surge Protection, Inc.

3734 131st Avenue N., Suite 11, Clearwater, FL 33762 Tel: (727) 561-7697 (800) 622-9904 Fax: (727) 556-0182

July 5, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

It was through our Lawyer we learned that our 2000 Uniform Business Report was delinquent. It was an oversight on the part of our bookkeeper as the connection was not made with the Annual Report and the realization of the importance of this document was not made.

Please accept this payment and inform of any penalties.

Best Regards and Thank You, Sycom Surge Protection, Inc.