2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000012957

Oct 19, 2004 Secretary of State

FILED

Entity Name: SYCOM SURGE PROTECTION, INC **Current Principal Place of Business: New Principal Place of Business:** 3734 131ST AVE N SUITE 11 CLEARWATER, FL 33762 US **New Mailing Address: Current Mailing Address:** 3734 131ST AVE N SUITE 11 CLEARWATER, FL 33762 US FEI Number: 59-3492163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TUCKER, MARK CORPORATION SERVICE COMPANY 3734 131ST AVE N 1201 HAYS STREET CLEARWATER, FL 33762 US TALLAHASSEE, FL 32301 US 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: LAMONT W JONES 10/19/2004 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition TUCKER, MARK Name: Name: 3734 131ST AVENUE NORTH Address: Address: City-St-Zip: CLEARWATER, FL 33762 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: FLECK, KENNETH D Name: 344 CHURCHILL AVENUE N. Address: Address: OTTAWA, ONTARIO CANADA, K1Z 5B9 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BRENNAN, DAVID R Name: Name: 344 CHURCHILL AVE N Address: Address: City-St-Zip: OTTAWA, ONTARIO, CA K1Z-59 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK TUCKER D 10/19/2004