

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90061 018 \*\*\*158.75

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P98000033154**

1. Corporation Name

**ARENA TECHNOLOGIES, INC.**

Principal Place of Business  
 101 S ATLANTIC BLVD. STE 208  
 FORT LAUDERDALE FL 33316

Mailing Address  
 101 S ATLANTIC BLVD. STE 208  
 FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1998

65-0831030

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required
6. Election Campaign Financing  
Trust Fund Contribution
☐ \$5.00 May Be  
 Added to Fees
8. This corporation owes the current year Intangible  
Personal Property Tax.
☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 936 Intracostal Dr #607  
 Suite, Apt. #, etc.

26 936 Intracostal Dr #607  
 Suite, Apt. #, etc.

City &amp; State

33304

City &amp; State

Ft. Lauderdale, FL 33304

Zip

Country

24 33304

25 USA

29 33304

30 USA

9. Name and Address of Current Registered Agent

PYE, THOMAS G  
 2787 E OAKLAND PARK BLVD, STE 301  
 FORT LAUDERDALE FL 33018

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

DILLON, JEFFREY

STREET ADDRESS

101 S ATLANTIC BLVD, STE 208

CITY-ST-ZIP

FORT LAUDERDALE FL 33316

TITLE

ST

NAME

HAWKINS, ROBIN

STREET ADDRESS

101 S ATLANTIC BLVD, STE 208

CITY-ST-ZIP

FORT LAUDERDALE FL 33316

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Jeffrey Dillon

936 Intracostal Drive

Ft. Lauderdale, FL 33304

President

Randy Strickland

301 NW 93rd Ave

Coral Springs, FL 33071

Vice-President

14. 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 annual report or supplemental annual 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 12 or Block 13 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

3/1/99

954-648-3961

Date

Daytime Phone #

CR2E034 (1/198)