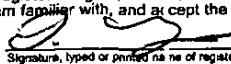


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90126 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000059724 1. Corporation Name LIVECODE, INC.			
Principal Place of Business 275 EAST CENTRAL PARKWAY SUITE 238 ALTAMONTE SPRINGS FL 32701-3432		Mailing Address 275 EAST CENTRAL PARKWAY SUITE 238 ALTAMONTE SPRINGS FL 32701-3432	
2. Principal Place of Business 21 1055 KENSINGTON PARK DR. Suite, Apt. #, etc. 22 SUITE 511 City & State 23 ALTAMONTE SPRINGS FL Zip 24 32714-1985		2a. Mailing Address 25 P.O. Box 160606 Suite, Apt. #, etc. 27 SUITE 511 City & State 28 ALTAMONTE SPRINGS FL Zip 29 32716-0606	
3. Date Incorporated or Qualified 07/07/1998		4. FEI Number 59-3519792	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name LAMPERT, DAVID M 82 Street Address (P.O. Box Number is Not Acceptable) 1055 KENSINGTON PARK DR. 83 SUITE 511 84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714-1985	
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  DATE 1999-05-06			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCEO ☐ DELETE NAME LAMPERT, DAVID M STREET ADDRESS 275 EAST CENTRAL PARKWAY CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-3432		1.1 TITLE PCEO ☒ Change ☐ Addition 1.2 NAME LAMPERT, DAVID M 1.3 STREET ADDRESS 1055 KENSINGTON PARK DR., SUITE 511 1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714-1985	
TITLE VSTD ☐ DELETE NAME LAMPERT, MARLA A STREET ADDRESS 275 EAST CENTRAL PARKWAY CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-3432		2.1 TITLE VSTD ☒ Change ☐ Addition 2.2 NAME LAMPERT, MARLA A 2.3 STREET ADDRESS 1055 KENSINGTON PARK DR., SUITE 511 2.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714-1985	
TITLE D ☐ DELETE NAME HALO, GIGI J STREET ADDRESS 275 EAST CENTRAL PARKWAY CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-3432		3.1 TITLE D ☒ Change ☐ Addition 3.2 NAME HALO, GIGI J 3.3 STREET ADDRESS 622 CLEARN CT. 3.4 CITY-ST-ZIP WINTER SPRINGS FL 32708	
TITLE D ☐ DELETE NAME LAMPERT, DANIEL M. STREET ADDRESS 622 CLEARN CT. CITY-ST-ZIP WINTER SPRINGS FL 32708		4.1 TITLE D ☐ Change ☒ Addition 4.2 NAME LAMPERT, DANIEL M. 4.3 STREET ADDRESS 622 CLEARN CT. 4.4 CITY-ST-ZIP WINTER SPRINGS FL 32708	
TITLE D ☐ DELETE NAME LAMPERT, DANIEL M. STREET ADDRESS 622 CLEARN CT. CITY-ST-ZIP WINTER SPRINGS FL 32708		5.1 TITLE D ☐ Change ☐ Addition 5.2 NAME LAMPERT, DANIEL M. 5.3 STREET ADDRESS 622 CLEARN CT. 5.4 CITY-ST-ZIP WINTER SPRINGS FL 32708	
TITLE D ☐ DELETE NAME LAMPERT, DANIEL M. STREET ADDRESS 622 CLEARN CT. CITY-ST-ZIP WINTER SPRINGS FL 32708		6.1 TITLE D ☐ Change ☐ Addition 6.2 NAME LAMPERT, DANIEL M. 6.3 STREET ADDRESS 622 CLEARN CT. 6.4 CITY-ST-ZIP WINTER SPRINGS FL 32708	

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

1999-04-16 407-265-7633x82
 Date Daytime Phone #

CR2E034 (1/98)