2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am DOCUMENT # P98000076442 1. Entity Name **Secretary of State** DCU INTERNET, INC. 01-12-2000 90022 014 ***158.75 Mailing Address Principal Place of Business 3500 GALT OCEAN MILE #1701 3500 GALT OCEAN MILE #1701 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-6829 11000637 3. Mailing Address 2. Principal Place of Business 1330 SE 4TH AVE SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. STE. City & State Applied For City & State 4. FEI Number 65-0864753 FORT LAUDERDALE Not August Zip 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 SAUTTER, C C ESQ. Street Address (P.O. Box Number is Not Acceptable) 2900 EAST OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33306 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 n [] Change TITLE Delete TITLE DIAMOND, MATTHEW J NAME NAME STREET ADDRESS 3500 GALT OCEAN MILE #1701 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP _____ Delete Change TITLE TITLE FLEEK, GINA MARIE NAME NAME 3401 BEACON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 _ ···· ☐ Change TITLE ☐ Delete DITLE DIRECTOR ALICIA C. DIAMEND NAME NAME 3500 GALT OLEAN DIL. STREET ADDRESS STREET ADDRESS FT.LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-7IP DIKECTOR ☐ Change TITLE ☐ Delete TITLE GAROL TANEY NAME NAME 9 HILL CREST LANE STREET ADDRESS STREET ADDRESS OLD GREENWICH , CT 02870 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE DIRECTOR Delete TITLE SEFFREY M. DIAMOND NAME NAME 146 ETON ROAD STREET ADDRESS STREET ADDRESS henomealow, MA 01106 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE DIRECTOR CHRISTOPHER J. DIAMOND NAME NAME STREET ADDRESS STREET ADDRESS 54 JONQUIL LANE LONDMEADOW, MA DIIOD CITY-ST-ZIP CITY-ST-ZIP 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 empowers 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 ther like empowered SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR