2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # P98000081862 May 09, 2000 8:00 am Secretary of State FLORIDA TWO-WAY RADIO NETWORK, INC. 05-09-2000 90058 006 ***150.00 Mailing Address Principal Place of Business C/O WAGNER & DECKERT 0/0 WAGNER & DECKERT 1601 FORUM PL. STE 300 1601 FORUM PL:: STE: 300 W. PALM REACH EL 23401-0102 W PALM BEAGH FL 99401 2. Principal Place of Business 3. Mailing Address 850 FOREST HILL BLUD 1850 Forest HILL BUND DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc SUITE 204-A Applied For Not Applicable 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 DECKERT, TIMOTHY M Street Address (P.O. Box Number is Not Acceptable) C/O WAGNER & DECKERT 1601 FORUM PL., STE. 300 W. PALM BEACH FL 33401 gement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this § (NOTE: Registered Agent signature required when reinstating) Signature, typed or printe FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Addition ☐ Delete TITLE TITLE murrill MURRILL, HUGH NAME 8695 Pirec STREET ADDRESS 4621 CHERRY ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP ¥ D ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Hobe Sound F1 33455 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if