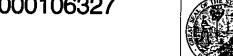
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000106327





FILED
Mar 07, 2003 8:00 am §
Secretary of State

| 1. Entity Name DOTMAP, INC.                    |                                         |                                                    |              |                                                            |             |                     |                                                                   | 03-07-2003 90073 036 ***150.00                                                                                 |
|------------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------|------------------------------------------------------------|-------------|---------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Principal Pla<br>289 KEY PAL<br>BOCA RATOR     | <del>-</del> -                          | s                                                  | 289 K        | Mailing Address<br>289 KEY PALM RD.<br>BOCA RATON FL 33432 |             |                     |                                                                   | ( 1881   885   118 1878   1811) 881   1821) 881 82 148   1881   1881   1881   1881   1881   1881   1881   1881 |
| 2. Principal                                   | Place of Busin                          | ness                                               | 3. Mail      | ing Address                                                | <del></del> |                     | _                                                                 |                                                                                                                |
| Suite, Apt. #, etc.                            |                                         |                                                    | Suite        | Suite, Apt. #, etc.                                        |             |                     |                                                                   | ☐ CHECK HERE IF MAKING CHANGES                                                                                 |
| City & State                                   |                                         |                                                    | City         | City & State                                               |             |                     | 4                                                                 | 4. FEI Number 65-0883435 Applied For Not Applicab                                                              |
| Zip Country                                    |                                         | Zip                                                | Zip Coun     |                                                            | ntry        | 5.                  | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |                                                                                                                |
|                                                | 6. Name                                 | and Address of Curre                               | nt Registere | d Agent.                                                   |             |                     | 7.                                                                | 7 Name and Address of New Registered Agent                                                                     |
|                                                |                                         |                                                    |              |                                                            |             | Name                |                                                                   |                                                                                                                |
| HOCHSTA                                        | ADT, TODD                               |                                                    |              |                                                            |             | Street Address      | c (P.O.                                                           | D. Box Number is Not Acceptable)                                                                               |
| 289 KEY PALM RD.                               |                                         |                                                    |              |                                                            |             | Sileet Addres       | S (F.Q.                                                           | 5. Box Number is Not Acceptable)                                                                               |
| BOCA RATON FL 33432                            |                                         |                                                    |              |                                                            |             |                     |                                                                   |                                                                                                                |
|                                                |                                         |                                                    |              |                                                            |             | City                |                                                                   | FL Zip Code                                                                                                    |
| S)GNATURE                                      | Signature, typed                        | or printed name of registered age  FEE IS \$150.00 |              |                                                            |             | ed office or regis  |                                                                   |                                                                                                                |
| Make Chec                                      |                                         | 3 Fee will be \$550.0 Florida Department           |              |                                                            |             |                     |                                                                   | 9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees                          |
| 10.                                            |                                         | OFFICERS AN                                        | D DIRECTOR   | RS                                                         | 11.         |                     | Α                                                                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                              |
| TITLE /NAME STREET ADDRESS CITY-ST-ZIP         | PD<br>HOCHSTAL<br>289 KEY P<br>BOCA RAT | DT, TODD<br>ALM RD<br>ON FL 33432                  |              | □ Delete                                                   |             | ŀ                   |                                                                   | Change Addition                                                                                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                         | ·                                                  |              | Delete                                                     |             | I                   |                                                                   | ☐ Change ☐ Addition                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                         |                                                    |              | □ Delete "                                                 | •           |                     | <del>~ *</del>                                                    | ☐ Change ☐ Addition                                                                                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                         |                                                    |              | Delete                                                     |             | <b>I</b>            |                                                                   | ☐ Change ☐ Addition                                                                                            |
| TITLE<br>NAME<br>Street address<br>City-St-Zip |                                         | ,                                                  |              | ☐ Delete                                                   |             | T ADDRESS<br>ST-ZIP |                                                                   | ☐ Change ☐ Addition                                                                                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | acrtific the a ship                     | information                                        |              | ☐ Delete                                                   | CITY-       | T ADDRESS<br>ST-ZIP |                                                                   | Change Addition                                                                                                |

indicated on this report or 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**