2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 18, 2000 8:00 am Secretary of State DOCUMENT # P9900006742 1. Entity Name GORDON COMMUNICATIONS, INC. 07-18-2000 90091 005 ***550.00 Principal Place of Business Mailing Address 2855 OCEAN DR., SUITE D-4 2855 OCEAN DR., SUITE D-4 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIA. NENA E Street Address (P.O. Box Number is Not Acceptable) 2855 OCEAN DR., SUITE D-4 VERO BEACH FL 32963 Zip Code 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D ☐ Addition ☐ Change TITLE □ Delete TITLE GORDON, THEODORE E NAME NAME STREET ADDRESS 2406 OCEAN DR., SUITE-D-4> STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE GORDON, ELIZABETH S NAME NAME STREET ADDRESS STREET ADDRESS 2406 OCEAN DR. SHITE D-4 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 operustee empowered 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, with all other like empowered.

SIGNATURE:

MUNICIPALITY OUR ET HE O LORGE GROWN SANTED NAME OF SIGNING OFFICER OR DIRECTOR OF LORGE E. GORDON 1/17/