2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 15, 2000 8:00 am Secretary of State DOCUMENT # P99000010044 1. Entity Name DIAL OF SARASOTA, INC. 09-15-2000 90012 046 ***558.75 Principal Place of Business Mailing Address 6624 GATEWAY AVENUE -6624 GATEWAY AVENUE SARASOTA-FL-34231 SARASOTA FL 34231 AUU78255 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 65-0852592 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired was Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -LEWIS, KURT-F-6624-GATEWAY AVENUE SARASOTA-FL-34231 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 legistered 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE Delete FINERTY, PAUL NAME NAME 6624 GATEWAY AVENUE STREET ADDRESS STREET ADDRE CITY-ST-ZIP SARASOTA FL 34231 CITY-\$T-ZIF Chang ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 🖊 Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change | ☐ Addition TITLE

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 changed, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: (

NAME STREET ADDRESS

CITY-ST-ZIP