2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 11, 2000 8:00 am Secretary of State DOCUMENT # P99000013985 1._Entity Name STICK-FIGURE TECHNOLOGIES, INC. 09-11-2000 90018 034 ***550.00 Mailing Address Principal Place of Business 555 S. ANDREWS AVE., STE. 110 - S. ANDREWS AVE., STE-110 はんてみららてき POMPANO BEACH FL 33060-8939 BEACH FL 33069 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For 4. FEI Number ity & State City & State 65- 6894 Not Applicable 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 LEVINE, BRADLEY M diress (P.O. Box Number is Not Acceptable) -555 9: ANDREWS AVE., STE: 110 POMPANO BEACH FL 33069

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 (back) (See criteria on Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Dischange TITLE TITLE ☐ Delete Dixie Huy NAME NAME LEVINE, BRADLEY M STREET ADDRESS STREET ADDRESS 555 S. ANDREWS AVE., STE. 110-CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL-93069 Addition Delete TITLE TITLE Dixe Huy NAME PERNICANO, CHRISTOPHER J NAME STREET ADDRESS STREET ADDRESS 555-9: ANDREWS AVE., STE. 110 33060 CITY-ST-ZIP CITY-ST-ZIE POMPANO BEACH FL 33069 Change Addition TITLE ☐ Delete TITLE NAME NAME President STREET ADDRESS \$. STREET ADDRESS አሄ**ሪ**ግ 33060 CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

pmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

of registered agent and title if applicable.

sfy its Intangible

to sat

8. The above named entity

SIGNATURE

9. This corporati

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 supplied entire 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 reports or trustee empowered to elecute His 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 with all othe みとく 070 し SIGNATURE Daytime Phone #