2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 08, 2000 8:00 am Secretary of State P99000014912 DOCUMENT # 1. Entity Name WILD WEB WEST COMPUTER SERVICES, INC. 03-08-2000 90129 011 ***150.00 Principal Place of Business Mailing Address 5943 SHORE BREEZE LANE ORLANDO, FL 32810 A0025390 2. Principal Place of Business 3. Mailing Address SAME SAMĚ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3559295 City & State Applied For Not Applicable Zip Country 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 Name T.S. CHECHELE Street Address (P.O. Box Number is Not Acceptable) 5625 CENTRAL AVE ST. PETERSBURG, FL 33710 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F PRESIDENT □ Defete TITLE X Change PRESIDENT ☐ Addition NAME NAME MARY IRVIN MANGOLD MARY IRVIN MANGOLD STREET ADDRESS STREET ADDRESS 903 PINELLAS BAYWAY #103 5943 SHORE BREEZE LANE CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE, FL 33715 ORLANDO, FL 32810 TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 other like empowered

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