2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000025464 Sep 15, 2000 8:00 am Secretary of State BAGOTRONIX, INC. 09-15-2000 90005 036 \*\*\*558.75 Mailing Address Principal Place of Business 1019 CROSSING BROOK WAY 1019 CROSSING BROOK WAY TALLAHASSEE FL 32311 TALLAHASSEE FL 32311-4035 2. Principal Place of Business 3. Mailing Address 2900-1 2900-1 CRESCENT OR CRESCEN Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3 Not Applicable TALLAHASSEE Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32301 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAGGETT, IVAN L Street Address (P.O. Box Number is Not Acceptable) 1019 CROSSING BROOK WAY TALLAHASSEE FL 32311 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible •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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Change Addition ☐ Delete TITI F IVAN BAGGETY 1019 CROSSING BROOK WAY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMAHASSEE FL 32311 ☐ Addition ☐ Delete Change ACCUST FOR NAME NAME araesi a 2500 - 13 . STREET ADDRESS STREET ADDRESS **花红 统一**。 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIPSEE TO SIRE HITCE CON GIRLY VILLAGE LAS Delete Delete Addition Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR