2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000027281 Feb 03, 2000 8:00 am 1. Entity Name Secretary of State ULIT SOFT, INC. 02-03-2000 90024 039 ***150.00 Principal Place of Business Mailing Address 11933 S.W. 17TH COURT 11933 S.W. 17TH COURT MIRAMAR FL 33025 MIRAMAR FL 32905-6246 2. Principal Place of Business 3. Mailing Address 1-1-9-3-3 11933-50 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Miramar City & State 4. FEI Number Applied For City & State Not Applicable MIRAMAN 65-090) Country \$8.75 Additional Country 5. Certificate of Status Desired JS17 JSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMBS, SHAWN Street Address (P.O. Box Number is Not Acceptable) 11933 S.W. 17TH COURT MIRAMAR FL 33025 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 (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 11. OFFICERS AND DIRECTORS 12. COMB Change ☐ Addition Delete TITLE S. SHAWN NAME 11933 S.W. 17TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 自長性 お勘りで・2月 CITY-ST-ZIP 4 14 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME

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 appaddress, with all other, like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00

321-674-4683

Daytime Phone #