2000 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2000 8:00 am Secretary of State OCUMENT # **P99000032805** RED_HAWK_DIGITAL,_INC._ 05-10-2000 90174 016 ***163.75 Light Place of Business Mailing Address 305 N.E. 1ST STREET N.E. 1ST STREET GAINESVILLE FL 32601-5310 ----- FL 32601 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDINGER, GARY S Street Address (P.O. Box Number is Not Acceptable) 305 N.E. 1ST STREET **GAINESVILLE FL 32601** Zip Code 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. DATE 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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) Change ☐ Addition TITLE **X** Delete COOK, ANDRIA Z NAME 232 ORANGE LANE STREET ADDRESS · Arijaji rg ST ZIP HAWTHORNE FL 32640 CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete COOK, ROBERT H III STREET ADDRESS 232 ORANGE LANE CITY-ST-ZIP ST-ZIP **HAWTHORNE FL 32640** ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ADDRECT CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE

I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

NAME STREET ADDRESS

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ST-ZIP