2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P99000041955 IN-DEPTH COMMUNICATIONS, INC. 03-20-2000 90116 008 ***158.75 Mailing Address Principal Place of Business 1964 FARRINGTON DRIVE 1964 FARRINGTON DRIVE LAKELAND FL 33809-6829 LAKELAND FL 33809 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-356 9568 Not Applicable Country Country Zipl \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGERS, PARIS Street Address (P.O. Box Number is Not Acceptable) 1964 FARRINGTON DRIVE LAKELAND FL 33809 City 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, 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 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. 71. ☐ Addition T, 0 Change TITLE ☐ Delete TITLE ROBERS PARIS 1964 FARRINGTON DRIVE NAME NAME STREET ADDRESS STREET ADDRESS LAKEL AND, FL 33809 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE LEIGH, DOUGLAS NAME NAME 13390 WOOD CREST COURT STREET ADDRESS STREET ADDRESS RAPED CITY SD CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition D Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 adcurate 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: _

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 - 15 - 00 863 815 8618

Date Daytime Phone #