AMENDED 2000 UNIFORM BUSI DOCUMENT # 100	NESS REPOR	т (UBF ) <b>4</b> (	1284 DIVISION OF CORPORATIONS
MASTER FIREQUEINGL	NETWORK CON	ep.	OO AUG CORPORATE
Principal Place of Business	Mailing Address		OO AUG 18 AM 7: 52
2501 E. Commencial Bld. F.T. LAudaedale, F.L. 3330	· _		
2. Principal Place of Business 2501 E. Commercial Black	3. Mailing Address  2100 NUE 39 £	187	DO NOT WRITE IN THIS SPACE
Suite Apt. #, etc.	Suite, Apt. #, etc.		
City & State  Thousand and a Country  Zip Country	City & State )	Country	650924369 Not Applicable
33308 Country  6. Name and Address of Current	33308	†	Certificate of Status Desired Fee Required      Name and Address of New Registered Agent
CARL H. EKSTROW, &	, -	Name	/ Name and Address of New Registrost Agents
2100 NE 39th STreet	T, #303	Street Ad	ddress (P.O. Box Number is Not Acceptable)
FT. LANDERCHALG, FL	33308		
8. The above named entity submits this statement to		City	FL Zip Code
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See printing as healt)	Landing and the second	egistered Agent signatt	Trust Fund Contribution.  DATE  10. Election Campaign Financing Trust Fund Contribution.
(See criteria on back)  11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  FT. LAUDER DALE	#303		PRESIDENT CARL M. EKSTROM, JR 2100 ME 39±45T, #303
CITY-ST-ZIP FT. LAUDER DAL, I	F 1 3 3 30 € □ Delete	CITY-ST-ZIP TITLE	FT. LAUDER DALE, FL 33308 Addition
NAME STREET ADDRESS CITY-ST-ZIP	_ 3000	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	9000033407090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-07/31/00014\64aa-014\Addition *****35.80 *****35.00
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition .
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP	900033407090 -08/24/9001 <del>006016</del> *****26.25 ******26.25
NAME STREET ADDRESS CITY-ST-ZIP  13 26	100	NAME STREET ADDRESS CITY-ST-ZIP	কককক∆D.ፈጋ কককক⊄∆D. <u></u> ∠ጋ
<ol> <li>I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an address,</li> </ol>	s true and accurate and that my : owered to execute this report as with all other like empowered.	eignature chall h:	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNATURE: CARL H. EX.	NUMPED NAME OF SIGNING SOFTICER OR	DIRECTOR	8/21/2000 954-563-8065 Date Dayting Phone #