2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P9900068141 1. Entity Name COUPONATION, INC. 05-01-2001 90051 008 ***158.75 Principal Place of Business Mailing Address 632 RENAISSANCE PTE. 632 RENAISSANCE PTE. SUITE 206 SUITE 206 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3589165 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent والمستوع فيتناهم بالمتحاسب AZAMA, CURTIS Street Address (P.O. Box Number is Not Acceptable) 632 RENAISSANCE PTE. SUITE 206 ALTAMONTE SPRINGS FL 32714 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 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 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. ☐ Delete TITLE PRESIDENT + CEO Change TITLE AZAMA, CURTIS NAME AZAMA, CURTIS NAME 632 RENAISSANCE PTE. # 206 632 RENAISSANCE PTE., #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS. FL 32714 ALTAMONTE SPRINGS FL 32714 ☐ Delete VICE PRESIDENT + COO TITI F TITLE NAME AZAMA, ANTHONY NAME 632 AENAISSANCE PTE. 4206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPEINGS FL 32714 ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR