2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

DOCUMENT # P99000091314 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** CYBER COMMUNICATION, INC. 03-30-2000 90076 021 ***150.00 Principal Place of Business Mailing Address 1320 CORNER OAKS DRIVE 1320 CORNER OAKS DRIVE BRANDON FL 33510-2353 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 360385 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGELA ORLOVE SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 320 CORNER OAKS DR 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 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 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 П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VICE PRESIDENT Delete TITLE Change ☐ Addition TITLE ORLOVE, JACK I JR. ORLOVE, JACK I JR. NAME NAME 1320 CORNER OAKS DR STREET ADDRESS STREET ADDRESS 1320 CORNER OAKS DRIVE CITY-ST-ZIP CITY+ST-ZIP **BRANDON FL 33510** BRANDON FL 33510 PRESIDENT, SECRETARY **VSTD** Change ☐ Addition ☐ Delete TITLE TITLE ORLOVE, INGELA A ORLOVE, INGELA A NAME 1320 CORNER OAKS DR STREET ADDRESS 1320 CORNER OAKS DRIVE STREET ADDRESS CITY-ST-7IP BRANDON, PL 33510 CITY-ST-ZIP **BRANDON FL 33510** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F 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 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.

813-684-4084