2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 2001 8:00 am DOCUMENT # P99000100107 **Secretary of State** SITESONDEMAND, INC. 02-26-2001 90499 044 ***150.00 Principal Place of Business Mailing Address 12601 WOOD IBIS WAY 12601 WOOD IBIS WAY TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business 3. Mailing, Address 12601 Word lbis Wa 2611 Wait lbis War Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FE! Number 59-3609651 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mitchell_ ROOP, MITCHELL Street Address (P.D. Box Number is Not Acceptable) 12601 WOOD IBIS WAY TAMPA FL 33624 City 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. 19 FC6 2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) yped or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ;R2E034 (10/00) ☐ Addition TITLE Delete TITLE ☐ Change Rose, MITCH NAME ROOP, MITCH - 100000 NAME STREET ADDRESS STREET ADDRESS 12601 WOOD BIS WAY 12601 West (bis War CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 TANDER 336H TITLE TITLE ☐ Change __ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusteelembowered 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.