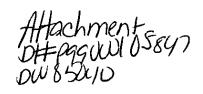
2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

EN OR PRINTED NAME OF SIC

FILED DOCUMENT # P99000105847 Sep 11, 2000 8:00 am 1. Entity Name Secretary of State ALUMNICARDS.COM. INC. 09-11-2000 90076 012 ***150.00 Principal Place of Business Mailing Address 786 CONESTEE DRIVE 786 CONESTEE DRIVE W. MELBOURNE FL 32904 W. MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 36-433 Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name OGDEN, DAVID Street Address (P.O. Box Number is Not Acceptable) 786 CONESTEE DRIVE W. MELBOURNE FL 32904 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE OGDEN, DAVID NAME STREET ADDRESS **786 CONESTEE DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF W. MELBOURNE FL 32904 ☐ Addition TITLE ☐ Delete ☐ Change OGDEN, MYRON L NAME NAME STREET ADDRESS STREET ADDRESS 786 CONESTEE DRIVE CITY-ST-ZIP CITY-ST-ZIP W. MELBOURNE FL 32904 ☐ Change Addition TITLE ☐ Delete TITI F NAME' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IE Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.



AlumniCards.com, Inc. 786 Conestee Dr W. Melbourne, Fl. 32904

Divisions of Corporations UBR Filings

September 9, 2000

Subject: UBR Filing Fee

I am responding to a "second notice" to file. This is the first notice I have received. When I call your office yesterday I was told that "first notices" went out before we became incorporated & that was the reason we did not receive it. In view of that I was told to send a check for \$150 along with this letter to satisfy the filing fee.

A check for \$150.00 is enclosed.

Sinserely,

David Ogden