2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # \$23384** 1. Entity Name ADVANCED DIGITAL TECHNOLOGIES, INC. 04-09-2001 90010 009 ***158.75 Mailing Address Principal Place of Business 334 EAST LAKE RD. #133 334 EAST LAKE RD. #133 PALM HARBOR FL 34685 PALM HARBOR FL 34685 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3047247 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Ø Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REINPOLDT, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 1540 HUNTLEIGH COURT OLDSMAR FL 34677 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. /200 SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE NAME REINPOLDT, WILLEM H III NAME STREET ADDRESS STREET ADDRESS 1540 HUNTLEIGH COURT CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 ☐ Addition TITLE Change ☐ Delete TITLE NAME REINPOLDT, MICHAEL A NAME STREET ADDRESS STREET ADDRESS 1540 HUNTLEIGH COURT CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change M Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of the corporation or the receiver or irusiee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. MICHAEL A REINFOLDT

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 785-6399