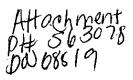
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 563678 Jul 17, 2000 8:00 am Feedback Technologies, INC. **Secretary of State** 07-17-2000 90001 037 ***158.75 Mailing Address Principal Place of Business 8645 S.W. 79 Place MIAMI, FC, 33143 00068819 3. Mailing Address 2. Principal Place of Business 54me DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0275632 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARRY GREENBERG Street Address (P.O. Box Number is Not Acceptable) 8645 S.W. 79 / La Cl MIAMI 8. The above named extra submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. pesi DeNT 9. This corporation is eligible to satisfy its Intengible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PRESIDENT ☐ Addition TITLE ☐ Change TITLE □ Delete BARRY GREENBERG ELGS SW 79 Play BARRY GREENSERG 8645 S.W. 79 PLACE NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33/43 MIAMI, FL. 33143 VICE-PAESIDENT CITY-ST-ZIP CITY-ST-7IP Tice-President Shelley Greenbers 8045 SW 79 Place ☐ Change ☐ Addition TITLE ☐ Delete Shelley GREENBERG NAME 8645 S.W. 79 PLACE STREET ADDRESS STREET ADDRESS MIAMIFE 33143 MIAMI, FC 33143 CITY-ST-ZIP CITY-ST-ZIP _____ Change ____ Addition = ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Defete TITLE TITLE 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 eccurate 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. BARRY GREENBERG 6 SIGNATURE

SIGNATURE AND TYPED OR PRINCED HAVE OF SIGNING OFFICER OR DIRECTOR





June 29, 2000

Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL. 32302-1500

Gentlemen:

Enclosed is my completed Uniform Business Report for the current year. Please note that I did not receive any Uniform Business Report form to complete this year, nor any prior notification that one was required. Last year I filed the report on time. When I called to check the status of my corporation with your office they said it was in "delinquent status". When I told your office I had not received the required forms, I was told to complete a blank form which they then sent to me, and to send my check for \$150 with the explanation offered.

I appreciate your understanding of this situation.

Thank you very much.

Barry Greenberg,

President

Feedback Technologies, Inc.