2000 UNIFORM BUSINESS REPORT (UBR) FILED May 20, 2000 8:00 am Secretary of State **DOCUMENT # V72408** 1. Entity Name SOFTCOMM, INC. 05-20-2000 90006 024 ***150.00 Principal Place of Business Mailing Address P.O. BOX 510312 ⊕ BOX 510312 MELBOURNE BEACH FL 32951-0312 BEACH FL 32951 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3147556 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RILEY, ROBERT W JR. Street Address (P.O. Box Number is Not Acceptable) 340 BEVERLY CT. **MELBOURNE BEACH FL 32951** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE ☐ Change Addition TITLE RILEY, ANNETTE NAME NAME 340 BEVERLY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE RILEY, ROBERT W JR. NAME 340 BEVERLY COURT STREET ADDRESS STREET ADDRESS **MELBOURNE BEACH FL 32951** CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete 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 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.