2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90126 032 ***150.00

DOCUMENT # V73103

1. Entity Name
RHYTHM TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
7901 BAYMEADOWS WAY SUITE 5 JACKSONVILLE FL 32256 US	7901 BAYMEADOWS WAY SUITE 5 JACKSONVILLE FL 32256 US

2. Principal Place of Business	3. Mailing Address
774 Highway 13 North	774 Highway 13 North
Suite, Apt. #, etc.: Suite 9	Suite, Apt. #, etc.: Suite 9
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32259 / Country: USA	Zip: 32259 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0368848 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACCORTI, PETER R 248 NORTH CHECKERBERRY WAY JACKSONVILLE FL 32259	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: CD ☐ Delete NAME: LUCERI, RICHARD M MD STREET ADDRESS: 2366 NE 28TH ST CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	TITLE: D ☒ Change ☐ Addition NAME: Luceri, Richard M MD STREET ADDRESS: 2366 NE 28th ST CITY-ST-ZIP: Lighthouse Point, FL 33064
TITLE: PSD ☐ Delete NAME: ACCORTI, PETER R STREET ADDRESS: 12202 LASHBROOK CT CITY-ST-ZIP: JACKSONVILLE FL 32223	TITLE: PCD ☒ Change ☐ Addition NAME: Accorti, Peter R STREET ADDRESS: 248 North Checkerberry Way CITY-ST-ZIP: Jacksonville, FL 32259
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: D ☐ Change ☒ Addition NAME: Cesar M. Diaz STREET ADDRESS: 17915 skypark Circle - Ste. D CITY-ST-ZIP: Irvine, Ca., 92614
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: D ☐ Change ☒ Addition NAME: Thomas Allen STREET ADDRESS: 17915 skypark Circle - Ste. D CITY-ST-ZIP: Irvine, Ca., 92614
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: D ☐ Change ☒ Addition NAME: Alvaro Diaz STREET ADDRESS: 17915 skypark Circle - Ste. D CITY-ST-ZIP: Irvine, Ca., 92614
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: 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.

SIGNATURE: Peter R. Accorti 4/27/01 904-230-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)