2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 24, 2000 8:00 am DOCUMENT # **F97000001222** Secretary of State F.A.C.T.S. MANAGEMENT CO. 02-24-2000 90047 013 ***150.00 Principal Place of Business Mailing Address 100 NORTH 56TH STREET. STE 306 100 NORTH 56TH STREET, STE 306 LINCOLN NE 68504-3510 LINCOLN NE 68504 ~~~~0000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 47-0751402 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALTICE, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 1309 EAST WALLACE STREET ORLANDO FL 32809 Zip Code City FŁ 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) 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, 2000 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 TITLE TITLE PCD □ Del€te NAME NAME BYRNES, DAVID STREET ADDRESS STREET ADDRESS 100 NORTH 56TH STREET, STE 306 CITY-ST-ZIP CITY-ST-ZIP LINCOLN NE ☐ Addition VSD ☐ Delete Change TITLE NAME PHILLIPS, STANLEY NAME STREET ADDRESS STREET ADDRESS 100 NORTH 56TH STREET, STE 306 CITY-ST-ZIP CITY-ST-ZIP LINCOLN NE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #