## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) DOGMENT # A02000000733 FILED 1. Entity Name ROCKET SCIENCE PARTNERS, LLLP 03 APR 16 PM 2:0M SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3260 UNIVERSITY BLVD. 3260 UNIVERSITY BLVD. SUITE 210 SUITE 210 WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 -City & State City & State Applied For 4. FELNumber Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. HADDOCK, EDWARD E JR. 3260 UNIVERSITY BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 210** WINTER PARK, FL 32792 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE -Signature, typed or primed name of registered agent and title if applicable MAKE CHECK PAYABLE TO FL. DEPT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$100.00 In FLORIDA to date. \$100.00 SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. P95000042953 DOCUMENT / STREET ADDRESS DIGITAL MEDIA SCHOOL, INC. NALIE 3300 UNIVERSITY BLVD. STREET ADDRESS CITY-ST-2IP WINTER PARK, FL 32792 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME MENNING, HUNTER 2753 RUNNING LOOP CIRCLE STREET ADDRESS CITY -ST-ZIP OVEIDO, FL 32765 CITY -ST-2iF **800016121288** 04/16/03--01065--024 \*\*15 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP City -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trastee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

CHECK

STAPLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03.03.24

Case

Ozytime Phone #

42E003 (10/02)