*************AMENDED****************

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 15 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000090215

1. Entity Name
TALISMAN FINANCIAL CORPORATION, INC.

Principal Place of Business	Mailing Address
736 ISLAND WAY 204 CLEARWATER BEACH, FL 33767	736 ISLAND WAY 204 CLEARWATER BEACH, FL 33767

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
736 Island Way	736 Island Way
Suite, Apt. #, etc.: 704	Suite, Apt. #, etc.: 704
City & State: Clearwater Beach, FL	City & State: Clearwater Beach, FL
Zip: 33767 Country: Pinellas	Zip: 33767 Country: Pinellas

4. FEI Number: 59-3672226 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNOR, ESQ., PATRICK M
2240 BELLEAIR RD., #160
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROYAN, GARY 736 ISLAND WAY #704 CLEARWATER BEACH, FL 33767 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSON, BARBARA E. 736 Island Way #704 Clearwater Beach, FL 33767 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100023045811 09/15/03--01018--008 **61.25 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara E. Olson — August 1, 2003 — 727-462-5793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JL 9/15