→ AMENDMENT

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-26-2002 90066 031 ****61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 29 PM 4:01

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DOCUMENT # P92000012697

1. Entity Name

Manta Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
309 Third ST	SAME
Suite, Apt. #, etc. # 202	Suite, Apt. #, etc.
City & State ANNAPOLIS MD	City & State
Zip 21403 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0376486 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name Jeff Steele

Street Address (P.O. Box Number is Not Acceptable) 1103 12th Ave., East

City Palmetto FL Zip Code 34221

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 Jeff Steele Delete Stephanie Farrow, Sec. 8/13/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	JOHN C.V. FARROW
STREET ADDRESS	1490 WAKEFIELD ROAD
CITY-ST-ZIP	EDGEWATER, MD 21037
TITLE	VP DELETE
NAME	JEFF STEELE
STREET ADDRESS	555 2ND AVE DRIVE, N.W.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	S
NAME	STEPHANIE FARROW
STREET ADDRESS	902 PRIMEROSE RD, #203
CITY-ST-ZIP	ANNAPOLIS, MD 21403
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C.V. FARROW, PRES PROC 8/13/02 410-268-3704

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

9/4/02 AD