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2001 UNIFORM BUSINESS REPOF	T /IIRR

DOCUMENT # **P95000033453** SILENT PLANET, INC. 01 FEB 13 AM 11: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 500 PARK AVE. SO. 390 NORTH ORANGE AVE SECOND FLOOR **SUITE 1100** WINTER PARK FL 32789 ORLANDO FL 38201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3311279 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 Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE **SUITE 1100** ORLANDO FL 38201 Zip Code City Fl 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE ☐ Delete TITLE MOSELER, JOHN-ERIK NAME NAME STREET ADDRESS 3259 BELLINGHAM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change TITLE ☐ Delete TITLE **BOLDMAN, LOYD** 500003745365--6 NAME NAME STREET ADDRESS 2824 N. MORNINGSIDE CT STREET ADDRESS -02/21/01--01067--012 CITY-ST-ZIP CITY-ST-7IP **OVIEDO FL 32732** ****150.00 ****150.00 ☐ Change Addition TITLE Delete TITLE HURREY, RICHARD R NAME NAME STREET ADDRESS STREET ADDRESS 617 DELANEY ST-#6 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 TITLE ☐ Delete TITLE Change ■ Addition LAANEN, PETER NAME NAME STREET ADDRESS STREET ADDRESS 242 MARSHALL DRIVE CITY-ST-7IP CITY-ST-7IP WALNUT CREEK CA 94598 Change ☐ Addition TITLE ☐ Delete TITLE MOSELER, JOHN A. NAME NAME STREET ADDRESS STREET ADDRESS 1630 AUGUSTA WAY CITY-ST-7IP CASSELBERRY FL 32707 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

ZWAGEMAKER, BRAM

3723 EL BILTHOVEN NETHERLAND

VERNEERPLEIN 19

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Delete

5/2001

☐ Addition