FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

| Not Applicational Section Country A Secretificate of Status Desired Secretificate of Status De | 1. Entity Name Employee Lea | 200016 | isus, INC. | | 2 90375 038 ***150.00 2 90426 039 ***150.00 | |
|--|--|----------------------------------|---------------------------------------|--|--|------------------|
| Suite Apt 4, etc. Suite Apt 4, | DO NOT WRITE | IN THIS SPA | /CE | | | |
| SUBJECT ON THIS SPACE Subject of the purpose of changing its registered office or registered open, or both, in the State of Florida. September 3 years and sender of the purpose of changing its registered office or registered open, or both, in the State of Florida. September 3 years in statement for the purpose of changing its registered office or registered open, or both, in the State of Florida. September 3 years in statement for the purpose of changing its registered office or registered open, or both, in the State of Florida. September 3 years in statement for the purpose of changing its registered office or registered open, or both, in the State of Florida. September 3 years in statement for the purpose of changing its registered office or registered open, or both, in the State of Florida. September 3 years in statement for the purpose of changing its registered office or registered open, or both, in the State of Florida. September 3 years in statement for the purpose of changing its registered open, or both, in the State of Florida. September 3 years in statement for the purpose of changing its registered open, or both, in the State of Florida. September 3 years in statement for the purpose of changing its registered open, or both, in the State of Florida. September 3 years in statement of years in | 2. Principal Place of Business 1301 613 Av. W | 3. Mailing Address | An W | | | |
| DO NOT WRITE IN THIS SPACE Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of changing as registered direct or registered agent, or both, in the State of Florida. Signature of the purpose of the State of Florida. Signature of the purpose of t | Suite, Apt. #, etc. | | | DO NOT WRITE | IN THIS SPACE | |
| DO NOT WRITE IN THIS SPACE ### Common and Address of Current Registered Agent T. Name and Address of Current Registered Agent Registered Agent T. Name and Address of Current Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Age | Braslanton FL | Brodutin | , FL 6 | 5-8847999 | Applied For Not Applicable |] |
| DO NOT WRITE IN THIS SPACE Symptomic space Company Company | 34205 CUTA | 34205 | Country A -===5 | Certificate of Status Desired | \$8:75 Additional | - |
| 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 byped or pracet some of regulated agent above the supplicative provided agent of the state of Florida. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. [See criteria on back] 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 12. OFFICERS AND DIRECTORS Make Check Payable to Department of State 13. OFFICERS AND DIRECTORS Make Check Payable to Department of State 14. OFFICERS AND DIRECTORS Make Check Payable to Department of State 15. Election Campaign Financing Trust Fund Contribution. Store Added to Fees Store Added to Fee | DO NOT WRITE | | | Tal Nippen | | |
| See criteria on back Make Check Payable to Department of State | SIGNATURE Robert W. Signature, typed or printed name of registered agent of 9. This corporation is eligible to satisfy its Intangible | d uie applicable. (NOTE: Reg | stered office or registered a | agent, or both, in the State of Florid | 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDR | Tax filing requirement and elects to do so. (See criteria on back) | Amended UE Make Check Payable to | 3R is \$61.25 | | _ 40.00 May 08 | ı |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS | NAME STREET ADDRESS 130/60 Ave C | l A | NAME STREET ADDRESS | | | CR2E034B (12/01) |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS CITY-ST-ZIP Realization, FL | 9100 | NAME STREET ADDRESS | | | CRZEO |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS CITY-ST-ZIP | ! . s | VAME STREET ADDRESS | IN THIS SPACE | | |
| NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS CITY-ST-ZIP | S | IAME STREET ADDRESS CITY-ST-ZIP | | | |
| 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 110 02/20/3. Floring Communications are supplied with this filling does not qualify for the exemption stated in Section 110 02/20/3. Floring Communications are supplied with this filling does not qualify for the exemption stated in Section 110 02/20/3. Floring Communications are supplied with this filling does not qualify for the exemption stated in Section 110 02/20/3. Floring Communications are supplied with this filling does not qualify for the exemption stated in Section 110 02/20/3. Floring Communications are supplied with this filling does not qualify for the exemption stated in Section 110 02/20/3. Floring Communications are supplied with this filling does not qualify for the exemption stated in Section 110 02/20/3. | NAME STREET ADDRESS CITY-ST-ZIP | N S C | iame Treet adoress ETY+ST-Zip | | | |

13. I nereby 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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NO 8/1/05

941-746-6567

Date

Daytime Phone /