2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 748181

Entity Name: SAFESPACE, INC.

May 21, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

510 ORANGE AVE 803 NORTH 7TH STREET FT. PIERCE, FL 34950 FT. PIERCE, FL 34950 US

Current Mailing Address: New Mailing Address:

P.O. BOX 4075

FT PIERCE, FL 349484075 US

FEI Number: 59-1983994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HYLAN, BRYAN HYLAN, BRYAN

803 NORTH 7TH STREET 510 ORANGE AVE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950 US US

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: 05/21/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

HEISLER, PHYLLIS WEISS, SUZANNE Name: Name: 8030 SE COLONY DR Address: 1114 SE SABINA LANE Address: City-St-Zip: STUART, FL 34997 City-St-Zip: PORT ST. LUCIE, FL 34985

Title: () Delete Title: () Change () Addition

Name: HARRELL, JAMES Name: Address: 1885 N.W EAGLE POINT Address: City-St-Zip: STUART, FL 34994 City-St-Zip:

Title: () Delete Title: (X) Change () Addition GOJKOVICH, MICHELE Name: LUYENDYK, LINDA Name:

121 SW PT ST LUCIE BLVD Address:

1880 SE PORT ST. LUCIE BLVD Address: City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Delete Title: (X) Change () Addition

Name: HARRELL, JAMES Name: BONAN, ELIZABETH 707 E. OSCEOLA ST. 2141 SW RACQUET CLUB DR. Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: PALM CITY, FL 34990

Title: ADM () Delete Title: ADM (X) Change () Addition

BRYAN, HYLAN BRYAN, HYLAN Name: Name: 510 ORANGE AVE 803 N. 7TH STREET Address: Address: FORT PIERCE, FL 34950 City-St-Zip: City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HYLAN BRYAN ADM 05/21/2003

Electronic Signature of Signing Officer or Director

Date