2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 29, 2003 8:00 am Secretary of State 05-01-2003 90225 037 ****61.25 DOCUMENT # N02000001819 1. Entity Name THE CEDAR BENNETT PROJECT, INC. Principal Place of Business Mailing Address 55044432 515 BELLEVIEW BLVD 515 BELLEVIEW BLVD CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 46-0476635 Not Applicable 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 ROSENFIELD, EDWARD Street Address (P.O. Box Number is Not Acceptable) 515 BELLEVIEW BLVD CLEARWATER FL 33756 City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE 4S \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE Delete mn r PRESIDENT ☐ Change EDWARD ROSENFIELD 515 BELIEVIEW BLUD NAME NAME STREET ADDRESS STREET ADDRESS CLEARWATER, PL 33.757 CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE SECRETARU ☐ Change Addition TITLE WAYNE PORTER NAME NAME STREET ADDRESS STREET ADDRESS 603 ENGMAN CITY-ST-ZIP CITY-ST-ZIP 3375*0* CLEARWATER FC ante. Change Addition UTLE Octob TREASURER -NAME NAME meery rosen flew 515 BELLEVIEW BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/B 33757 TITLE Delete TITLE Сhалде ☐ Addition

12. I hereby certify that the information supplied with this filling 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 617, 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.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Delete

27AARZOO3

フ*27447*42

☐ Addition

Addition

Change

Change

FILED