2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #232713 1. Entity Name 06 OCT 18 AM 9: 41 SEAESCAPE ENTERTAINMENT, INC. LECRETARY OF STATE Principal Place of Business Mailing Address 1260 EAST OAKLAND PARK BLVD 1260 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10022006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State 65-1028957 Not Applicable Country Zip Country Zip \$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 LAW OFFICES OF JUDITH A. JARVIS, P.A. Street Address (P.O. Box Number is Not Acceptable) 1260 EAST OAKLAND PARK BLVD., #200 FT, LAUDERDALE, FL 33334-4418 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Efection Campaign Financing \$5.00 May Be Amended AR is \$61.25 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE TD TITLE ☐ Addition Delete 7000809654ŏ̈́7 10/18/06--01053--007 **6; TIMIRAOS, ANTHONY NAME NAME **61.25 1260 EAST OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33334 VD ☐ Delete TITLE ☐ Change ☐ Addition TITLE SIMS, NICOLAS P NAME NAME 1260 EAST OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33334 SVD ☐ Delete TITLE ☐ Chance Addition JARVIS, JUDITH A NAME NAME 1260 EAST OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECH DIDITH A JARYS SIGNATURE: \(\(\)

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