Apr 28, 2003 8:00 am Secretary of State 2003 UNIFORM BUSINESS REPORT (UBR) 541380 DOCUMENT # 1. Entity Name 04-28-2003 91515 027 ***150.00 OCEANLEA, INC. Principal Placerof Business Mailing Address 17564 ASHBURNE LANE 17564-C ASHBURNE LN APT C BOCA RATON FL 33496 **BOCA RATON FL 33496** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 59-1780432 Not Applicable Żip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALWEISS, JACK Street Address (P.O. Box Number is Not Acceptable) 17564-C ASHBURNE LN **BOCA RATON FL 33496** 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. ٥, (NOTE: Registered Agent signature required when rainstating) Signature, typed or printed name of registered agent and title if applicable. 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. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)ΠΠΕ Change Addition ☐ Delete TITLE NAME ALWEISS, JACK NAME CR2E034 STREET ADDRESS STREET ADDRESS 17564-C ASHBURNE LN CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE STD NAME NAME ALWEISS, BEVERLY STREET ADDRESS 17564-C. ASHBURNE LN STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP ☐-Change - ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE · 🔲 Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change NAME NAME STREET ADORESS STREET ADDRESS 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 a

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR