2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am **DOCUMENT # 714735 Secretary of State** 02-13-2002 90200 011 ****70.00 THE GATHERING INTERNATIONAL INC. Principal Place of Business Mailing Address 4057 BOUGAINVILLEA RD. 4057 BOUGAINVILLEA RD. 821340 BOYNTON BEACH FL 33436 **BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0940572 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FRIESEN, LAWRENCE J 4057 BOUGAINVILLEA RD **BOYNTON BEACH FL 33436** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) ☐ Delete TITLE Change Addition TITLE PD NAME NAME FRIESEN, LAWRENCE J CR2E037 STREET ADDRESS STREET ADDRESS 4057 BOUGAINVILLEA RD. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME BALOK, GARY STREET ADDRESS STREET ADDRESS 3314 N 41ST ST CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85018 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME FRIESEN, WILLIAM STREET ADDRESS STREET ADDRESS 24 ROSEMORE RD. CITY-ST-ZIP CITY-ST-7IP ST.CATHARINES, ONT. CAN. Change ☐ Addition ☐ Delete TITLE NAME NAME FRISEN, ROSELLA M STREET ADDRESS STREET ADDRESS 4057 BOUGAINVILLEA RD. CITY-ST-7IP CITY-ST-ZIP BOYNTON BEACH FL 33436 □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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 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.

SIGNATURE: STEPHERAWRENCE J. FRIESEN 1-20-2002