			•						
DOCUN 1. Entity Name	MENT # 727223					<i></i>	,		
* VANTAGE VIEW, INC.				•		FILED			
Principal Place	of Business	Mailing Address			T & no	P IIIM OF AN			
2841 NORTH OCEAN BLVD		2841 NORTH OCEAN BLVD			5	€ 02 JUN 24 AM 11: 39			
FT. LAUDERDAL	E FL 33308	FT. LAUDERDALE FL 33308				ECRETARY OF ST	ATE TPANIONI	HEN HEN	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-1723358	Not	tied For Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate of	Status Desired	\$8.75 Addit	ional	
	6. Name and Address of Current R	egistered Agent			7. Name and Ad	dress of New Registere	d Agent		
DISMAS, JAMES R 2841 NORTH OCEAN BOULEVARD FT. LAUDERDALE FJ. 33388				Name Katzman & Korr P.A. Street Address (P.O. Box Number is Not Acceptable) 5581 W. Oakland Park Blvd. Second Floor - Inverrary Center					
/ 3/				City	derhill	F	Zip Code 33313		
SIGNATURE _	named entity submits this statement for Signature, typed or printed name of registered agent a SILE NOW: FEE:15:\$61:25		E: Registere npaign F	ed Agent signature rec	quired when reinstating) \$5.00 May Be Added to Fees	DAT	eck Payable t nent of State		
10.	OFFICERS AND DIR	ECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHAN	IGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tysenn, Joseph E 2841 N. Ocean Blyd Fort Lauderdale Fl 33308	☐ Delete	TITL NAM STRI	E	David State 2841 N.		L.J Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DISMAS, JAMES 2841 NORTH OCEAN BLVD. FT LAUDERDALE FL 33308	Delete		i i	5000	0060747 -06/28/02010 *****61.25	006008		
NAME STREET ADDRESS CITY-ST-ZIP	DS ECKHOUSE, DOROTHY M 2841 N OCEAN BLVD. FT LAUDERDALE FL	☐ Delete		1	N		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MOSKAL, BOBERT 2841 N. OCEAN BLVD FORT LAUDERDALE FL 33308	☐ Delete	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anthony Previte, 2841 N. Ocean Bly Ft. Lauderdale,	vd.		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Shane Gunderson 2841 N. Ocean Bl	Abn vd.	NA STI	LE Me Reet adoress IY-St-Zip _			☐ Change	Addition	
of the co		owered to execute this repor with all other like empowered	t as requ d. hygi smag	uired by Chapte		and that my name apper	ears in Block 10 c -3155 -10 - 200		
1	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRE	CTOR		Date	Daytime Phone #		