2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F00000000410 DOCUMENT

1. Entity Name

OASIS DEVELOPMENT & THEMED ATTRACTIONS, INC.

changed, or on an attachment with an address, with all other like empowered



FILED

04-22-2003 90036 002 ***150.00

Apr 22, 2003 8:00 am Secretary of State

Principal Place of Business Mailing Address 3305 W SPRING MOUNTAIN ROAD 3305 W SPRING MOUNTAIN ROAD SUITE 60-A SHITE 60-A LAS VEGAS NV 89102 LAS VEGAS NV 89102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 88-0400202 Not Applicable Zin Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURNS, PAUL Street Address (P.O. Box Number is Not Acceptable) 8445 INTERNATIONAL DR. #202 ORLANDO FL 32819 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 age SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regist agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE JOSLYN, JOHN A NAME NAME 859 HOLLYWOOD WAY \$459 STREET ADDRESS STREET ADDRESS **BURBANK CA 91505** CITY-ST-ZIP CITY-ST-ZIP TITLE **PST** ☐ Delete TITLE Change Addition NAME TERMOLHLEN, H.K. NAME 3305 W SPRING MOUNTAIN ROAD SUITE 60-A STREET ADDRESS STREET ADDRESS LAS VEGAS NV 89102 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE МАМЕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 10 or Block 11 if