## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 05, 2002 8:00 am } DOCUMENT # F10373 **Secretary of State** 1. Entity Name 02-05-2002 90006 040 \*\*\*158 THE DOT REALTY CORPORATION Principal Place of Business Mailing Address 6010 SANDERS ST 31228 BAILARD ROAD SUITE F MALIBU CA 90265 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address P:0 " DO NOT WRITE IN THIS SPACE. Suite, Apt. #, etc. Suite, Apt. #, etc MALIB City & State 4. FEI Number Applied For 59-2057686 902 Not Applicable Zio. Country \$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 Sales of the second GREENE, DOROTHY A. Street Address (P.O. Box Number is Not Acceptable) 6010 SANDERS ST. SUITE F PENSACOLA FL 32504 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) FILE NOW!!! FEE IS \$150.00 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. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change : TITLE Delete TITLE Greene psepH H. NAME NAME GREENE, JOSEPH H. 679 RABBITCHEEKLANE 31228 BAILARD RD. STREET ADDRESS STREET ADDRESS Thousand OAKS, CA 91320 MALIBU CA 90265 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

☐ Addition Addition Greane Dorothy A. Lawe NAME NAME GREENE, DOROTHY A. STREET ADDRESS Thousand Oaks, Ci. 91320 STREET ADDRESS 31228 BAILARD RD. CITY-ST-ZIP CITY ST-ZIP MALIBU CA 90265 · - -ţ ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP المراحقة وأورية الإرارة الارسال ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP-Change ☐ Addition ☐ Delete TITLE NAME REMOTE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 address, with all other like empowered.

SIGNATURE:

CR2E034 (9/01)