(Requestor's Name) (Address)	900368285739
(City/State/Zip/Phone #)	06/16/2101003003 **35.00
(Business Entity Name)) OC
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	
£	RECEIVED TALLAHASSEE FLORID ABROM SINUNISSEE FLORID AB

	INC. P.O. Box 37	236 East 6th Avenue. Tallahassee, Florida 32303 7066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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	P	ICK UP: <u>6/15 DANNY</u>
	CERTIFIED COPY	
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X	FILING	Foreign AMEND
	SEASCAPE TECHNO	DLOGIES INC
_	(CORPORATE NAME AND DO	
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is: SEASCAPE TECHNOLOGIES INC.

This corporation was formed under the laws of _	Nevada	
4. The name and address of each officer and/or dire	ector is as follows:	
<u>Title:</u> P/D	<u>Name and Address</u> Jam e s H. Clark	
	505 S. Flagler Drive, Suite 900	
	West Palm Beach, FL 33401	
S/T	Louis M. Cohen	
	505 S. Flagler Drive, Suite 900	
	West Pairn Beach, FL 33401	
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		<u></u>
(Attach additional pa	ages if necessary)	Ū
	Secretary/Treasurer	
ture of parofficer of director	Title of person signing	

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