FILED May 29, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) F62651 DOCUMENT # 1. Entity Name 05-29-2002 90684 044 ***550 00 TORSOUTH CORPORATION Principal Place of Business Mailing Address 101 POPE AVE BOX 6899 HILTON HEAD SC 29938 HILTON HEAD SC 29938 HS 2. Principal Place of Business 3. Mailing Address 35 De Allyon Road Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 98-0052171 Histor Head Island, SC Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 29928 Beautart Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name JONES, BRIAN M ESQ Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVE., 10TH FL ORLANDO FL 32801 Zip Code City FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition TITLE Delete Change NAME TAYLOR, K.E. NAME 2283 D LAKESHORE BLVD. W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ETOBICOKE ON M8V1A** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TAYLOR, JOAN S. NAME STREET ADDRESS 2283 D LAKESHORE BLVD, W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ETOBICOKE ON M8V1A** Delete TITLE Change ☐ Addition TITLE NAME NAME MACLEAN, LINDA - -STREET ADDRESS STREET ADDRESS 79 LOMA VISTA DR CITY-ST-ZIP CITY-ST-ZIP THORNHILL, ONTARIO ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 repaired 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:

CITY-ST-ZIP

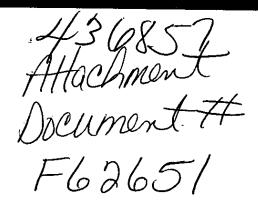
5/15/02

843 785 3355

Daytime Phone #

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May 20, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE:

Torsouth Corporation

Document #F62651

Dear Sir:

In regard to the above captioned matter, I enclose herewith the 2002 Uniform Business Report for Torsouth Corporation (document number F62651), along with the filing fee of \$550.00 payable to the Department of State.

Please file the enclosed Uniform Business Report and contact me if you have any questions or problems. Thank you.

Very truly yours,

Maria Belbas Parker

Enclosures

cc: Mr. Kenneth Taylor