2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State DOCUMENT # F93000003689 1. Entity Name PADDINGTON RESOURCES INC. 05-28-2002 91693 007 ***150.00 Principal Place of Business Mailing Address 1761 BUTTONBUSH CIRCLE 1761 BUTTONBUSH CIRCLE PALM CITY FL 34990 PALM CITY FL 34990 B0119494 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 Applied For 65-0361001 Not Applicable Zip Country Zip 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 Name BEDFORD, BRUCE P Street Address (P.O. Box Number is Not Acceptable). 1761 BUTTONBUSH CIRCLE PALM CITY FL 34990 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 5 Delete TITLE ☐ Change ☐ Addition NAME . BEDFORD, BRUCE PAUL NAME STREET ADDRESS 1761 BUTTONBUSH CIRCLE STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEDFORD, SUSAN LOGAN NAME STREET ADDRESS 40 WEST 77TH STREET, APT 9A STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10024** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME BEDFORD, JULIE ANN NAME STREET ADDRESS 4650 NORTH WASHINGTON BLVD APT 821 STREET ADDRESS ARLINGTON VA 22201 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BEDFORD, ANN LOGAN NAME NAME STREET ADDRESS 1761 BUTTONBUSH CIRCLE STREET ADDRESS CITY-ST-7IP PALM CITY FL CITY-ST-78 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete TITLE Change ☐ Addition 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 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

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED