**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004180 (4)**

1. Corporation Name
**DREAMSPACE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1952 GALLOWS ROAD<br>SUITE 306<br>VIENNA VA 22182 | 1952 GALLOWS ROAD<br>SUITE 306<br>VIENNA VA 22182 |

3. Date Incorporated or Qualified: 08/28/1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 54-1504221 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

KAHN, PATRICIA E ESQUIRE
2675 S. BAYSHORE DRIVE
MIAMI FL 33153

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | [ ] DELETE | 1.1 TITLE | | [ ] Change [ ] Addition |
| NAME | LOZOSKIE, JAMES | | 1.2 NAME | | |
| STREET ADDRESS | 11630 MEDITERRANEAN COURT | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | RESTON VA 22090 | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | [ ] DELETE | 2.1 TITLE | | [ ] Change [ ] Addition |
| NAME | SMITH, JUDITH | | 2.2 NAME | | |
| STREET ADDRESS | 11630 MEDITERRANEAN COURT | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | RESTON VA 22090 | | 2.4 CITY-ST-ZIP | | |
| TITLE | ST | [ ] DELETE | 3.1 TITLE | | [ ] Change [ ] Addition |
| NAME | LOZOSKIE, EUGENE | | 3.2 NAME | | |
| STREET ADDRESS | 8812 WOLVERTOWN ROAD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BALTIMORE MD 21234 | | 3.4 CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE | 4.1 TITLE | | [ ] Change [ ] Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE | 5.1 TITLE | | [ ] Change [ ] Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE | 6.1 TITLE | | [ ] Change [ ] Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 6/14/96 703-848-2084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES LOZOSKIE PRESIDENT