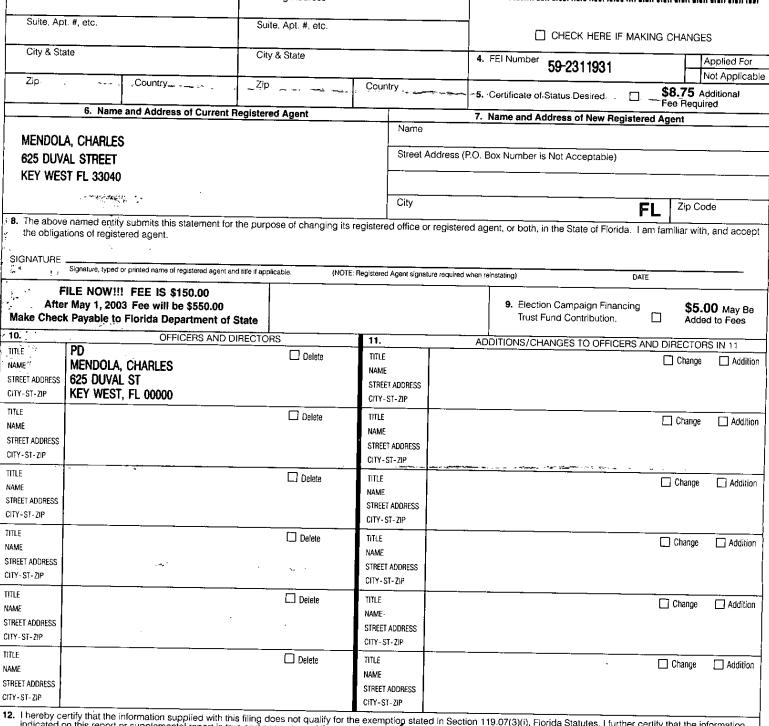
2003 FOR PROFIT CORPORATION

Feb 20, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR G41283 DOCUMENT # 1. Entity Name 02-20-2003 90136 028 ***150.00 ISE SCREAM, INC. Principal Place of Business Mailing Address 625 DUVAL STREET 625 DUVAL STREET KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2311931 Not Applicable Zip Country_____ __Zip Country **5.** Certificate of Status Desired. \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENDOLA, CHARLES Street Address (P.O. Box Number is Not Acceptable) **625 DUVAL STREET** KEY WEST FL 33040 City Zip Code the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition MENDOLA, CHARLES NAME 625 DUVAL ST STREET ADDRESS KEY WEST, FL 00000 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS

FILED



12. 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the chapter of the corporation of t

SIGNATURE.

SIGNING OFFICER OF DIRECTOR