

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90125 034 \*\*\*150.00

DOCUMENT # 642528  
1. Entity Name RESORTS RESEARCH INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2637 DEBANY Rd.  
Suite, Apt. #, etc.

3. Mailing Address SAME  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State KISSIMMEE Fla

City & State

Zip 34744 Country OSCEOLA

Zip Country

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RONALD SALLAMY

Street Address (P.O. Box Number is Not Acceptable) 2637 DEBANY Rd.

City KISSIMMEE FL Zip Code 34744

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] DATE 4/5/02

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 Tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	<u>PRES.</u>	TITLE	
NAME	<u>RONALD SALLAMY</u>	NAME	
STREET ADDRESS	<u>2637 DEBANY Rd</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>KISS Fla 34744</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other filers empowered.

SIGNATURE: [Signature] RONALD SALLAMY DATE: 4/5/02 DAYTIME PHONE #: (407)870-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)