

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # J43389 1. Entity Name THALER CORPORATION				Mar 31, 2004 08:00 AM Secretary of State	
Principal Place of Business 341 POINCIANA DRIVE FORT LAUDERDALE, FL 33301		Mailing Address 341 POINCIANA DRIVE FORT LAUDERDALE, FL 33301			
DO NOT WRITE IN THIS SPACE				032B2004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-2742753	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THALER, MARK V. 341 POINCIANA DRIVE FORT LAUDERDALE, FL 33301-2701				DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.					
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		03/31/04-80007-025 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P THALER, MARK 341 POINCIANA DR FORT LAUDERDALE, FL 333012701			
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE:  Mark V. Thaler 29 MAR 04 954 764-5342 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					