FILED SAPER OF SECRETARY OF State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J47115 **DOCUMENT #** 1. Entity Name 04-07-2003 90983 006 ***150.00 OMNIMAX, INC. Principal Place of Business Mailing Address % LEONARD PEPPER % LEONARD PEPPER 310 W. JEFFERSON STREET 310 W. JEFFERSON STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 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 59-275 1604 Not Applicable Zip Country 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 JEFFERSON MANAGEMENT CORP. Street Address (P.O. Box Number is Not Acceptable) 310 W. JEFFERSON STREET TALLAHASSEE FL 32301 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME PEPPER, LEONARD NAME 310 WEST JEFFERSON STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP w TALLAHASSEE FL CITY-ST-ZIP TITLE VSD ☐ Delete TITLE Change ☐ Addition NAME PEPPER, JEFFREY W. NAME STREET ADDRESS 310 WEST JEFFERSON STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL - - -CITY-ST-ZIP TITLE VTD ☐ Delete TITLE ☐ Change ☐ Addition NAME PEPPER, MICHAEL T NAME STREET ADDRESS 310 WEST JEFFERSON ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TAYLOR, JUDITH H NAME NAME STREET ADDRESS 3305 WOODY WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-\$T-Z!P

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

(850)

224-2141

Daytime Phone #