2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am **DOCUMENT # K29757 Secretary of State** 1. Entity Name ISIS RISING, INC. 02-13-2001 90578 014 ***150.00 Principal Place of Business Mailing Address 16015 SW FARM RD P.O. BOX 691867 INDIANTOWN FL 34956 ORLANDO FL 32869 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0068126 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSE, ALLISON Street Address (P.O. Box Number is Not Acceptable) 8628 VISTA LAKE LN 1211 ORLANDO FL 32821 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. JONN BOSE Signature, typed or printed name of registered agent an FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. □ Addition - Change TITLE TITLE ☐ Delete 12179 S APOPKA VANELAND PHB-# 134 PURSEL, JACH NAME NAME STREET ADDRESS 12179 S APOPKA VINELAND RD, #136 STREET ADDRESS CRLANCO, FL **3**78 34 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 **□**-change ☐ Addition TITLE TITLE Delete NORTH, PENY NAME NAME STREET ADDRESS 12179 S APOPKA VINELAND RD. #136 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 -Change ☐ Addition TITLE ☐ Delete TITLE NORTH, MICHAELL NAME NAME STREET ADDRESS 12179 S APOPKA VINELAND RD. #136 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete TITI F Change . ☐ Addition TITLE LANDERS, ZOE NAME NAME STREET ADDRESS 12179 S APOPKA VINELAND RD, #136 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32836 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME МАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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 seciver cyclustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachn an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER