2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K56895 Apr 11, 2000 8:00 am Secretary of State LELAND ENTERPRISES, INC. 04-11-2000 90006 030 ***150.00 Principal Place of Business Mailing Address 1637 E VINE ST 1637 E VINE ST SUITE E SUITE E KISSIMMEE FL 34744-3744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2922882 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENNETH G DIXON Street Address (P.O. Box Number is Not Acceptable) 1637 E VINE ST SUITE E KISSIMMEE FL 34744 Zip Code FL 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, 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition Change ☐ Delete TITLE TITLE BADGER, EMILLY K NAME 1637 E VINE ST SUITE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Change Addition ☐ Delete TITLE TITLE DIXON, KENNETH G NAME NAME STREET ADDRESS 1637 E VINE ST STE E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME BADGER, EMILY K. NAME STREET ADDRESS STREET ADDRESS 1637 E. VINE ST., STE. E CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if ith an address, with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED