2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/2/2003-90187-047-$150.00-$150.00

FILED
03 SEP 26 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L28413

1. Entity Name
GASISOITAME, INC.

Principal Place of Business	Mailing Address
4 RUE DE NEUCHATEL CH2004 PESEUX NEUCHATEL SWITZERLAND SW 00000 US	4 RUE DE NEUCHATEL CH2034 PESEUX NEUCHATEL SWITZERLAND SW 00000 US

2. Principal Place of Business — 3. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3000948 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGE E., HOVIS
481 EAST HIGHWAY 50,
P.O.BOX 120648
CLERMONT FL 34712-0648

Delete

7. Name and Address of New Registered Agent

Name: Michael R. Gibbons
Street Address (P.O. Box Number is Not Acceptable): 215 North Eola Drive ~~OFFICE #345~~ 32801
City: ORLANDO FL Zip Code: 32804

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: Michael R. Gibbons — Michael R. Gibbons — DATE: 9/22/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CATTARUZZA, BRUNO 4 RUE DE NEUCHATEL CHCH2034 PESEUX SW ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 09/30/03--01061--001 **800.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P CATTARUZZA, CLAUDETTE M 4 RUE DE NEUCHATEL CH2034 PESEUX SW ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500023445345 09/30/03--01061--001 **800.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D CATTARUZZA, JEAN-MARC J 4 RUE DE NEUCHATEL CH2034 PESEUX SW ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D CATTARUZZA, OSWALDO S 22, VIA S.FOCA/ SEDRANO DI SAN QUIRINO PROV.PORDENONE IT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATTARUZZA,ARIANNA 22, VIA S.FOCA/ SEDRANO DI SAN QUIRINO PROV.PORDENONE IT ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Bruno Cattaruzza — May. 5, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R 9/23