2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am & Secretary of State FILED DOCUMENT # L30506 1. Entity Name 05-19-2002 90232 027 ***150 00 DOUBLE T CORPORATION Principal Place of Business Mailing Address 7422 PINEMOUNT DR 7422 PINEMOUNT DR ORLANDO FL 32819 ORLANDO FL 32819 US 2. Principal Place of Business 3. Mailing Address -A International Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2977822 Not Applicable Zip 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 ROWELL, THEODORE H JR. 7422 PINEMOUNT DR ORLANDO FL 32819 8. The above named entity submits this statement for the purpage of changing its registered office or registered agent, or both, in the State of Florida. required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD vilardebo, Charlest. 6321-A International DR. TITLE Delete Change TITLE ROWELL, THEODORE H JR NAME NAME 7422 PINEMOUNT DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 37819 ORLANDO FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #