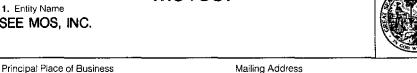
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR M31857 DOCUMENT

1. Entity Name

SEE MOS. INC.

814 SW 18TH STREET FORT LAUDERDALE FL 33315



P O BOX 21284

FT LAUDERDALE FL 33335

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91397 007 ***150.00



CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-2712952 Not Applicable Zip Country 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 BACON, ERIC Street Address (P.O. Box Number is Not Acceptable) 814 SW 18TH STREET FORT LAUDERDALE FL 33315 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. DATE (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. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE .* ☐ Delete TITLE ☐ Change - Addition BACON, MARCELLINE M NAME NAME 814 SW 18 ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33315 CITY-ST-7IP CITY-ST-ZIP TITLE TSD ☐ Delete TITLE Change Addition NAME BACON, ERIC NAME STREET ADDRESS 814 SW 18TH STREET STREET ADDRESS FORT LAUDERDALE FL 33315 CITY-ST-ZIP 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 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME

12. Thereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP