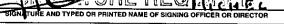
2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State DOCUMENT # N9600000757 1. Entity Name HUMAN DOLPHIN INSTITUTE, INC. 05-27-2002 90308 043 ****61.25 Principal Place of Business Mailing Address 21506 DOLPHIN AVENUE 21506 DOLPHIN AVENUE PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 2. Principal Place of Business 3. Mailing Address ., • Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE \$ 65.7° City & State City & State 4. FEI Number Applied For - 51 59-3421699 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 -Name Street Address (P.O. Box Number is Not Acceptable) APPLEBAUM, STEVEN L 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 City 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) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, STD TITLE Delete TITLE ☐ Change ☐ Addition NAME ATLAS, MICHAEL A NAME STREET ADDRESS 3224 BAY ESTATES DRIVE STREET ADDRESS CITY-ST-ZIP DESTIN FL 32550 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SMITH, ALBERT NAME NAME STREET ADDRESS 21506 DOLPHIN AVENUE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32413 CITY-ST-ZIP VPD========= TITLE ☐ Delete TITLE Change Addition NAME MCFEE, RUSSELL NAME STREET ADDRESS 3004 SE SALERNO RD. STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOODS, WILLIAM NAME NAME STREET ADDRESS 118 TREASURE PALMS DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 617, 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

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ATLAS SECRETARY