## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N 9 7000002671 . . . 1. Entity Name FILED Foundation for International Space Commerce Law Inc. 00 JUN 27 PM 12: 35 Principal Place of Business Mailing Address SECRETARY OF STATE 1 North 1st ST #15 (019) Cocoa Beach, FL 32931 2. Principal Place of Business 3. Mailing Address 100 Spaceport - Same 45 2. -Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Cape Canaveral Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Joyce Dove Joyce Pove 924. N. Godsden St. Tallahassec, FL 32303 Street Address (P.O. Box Number is Not Acceptable) 20 3 N. Gad Sden St. Suite # City Zip Code 32301 Tallahassee, 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 . 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS James Leary James Leary Change ☐ Addition TITLE TITLE ☐ Delete Director Director NAME NAME 100 space part way 1. North 1st. St. #15 STREET ADDRESS STREET ADDRESS Cape Conoverol, FL 32920 Cocoa Beach, FL 32931 CITY-ST-ZIP CITY-ST-ZIP Janice Bellucci David E. Contos Addition Change TITLE ☐ Delete TITLE Director NAME 158 Deen Run Lane Director NAME 219 Hudson cir. STREET ADDRESS STREET ADDRESS 93455 Sonta Maria, CA Niceville, FL CITY-ST-ZIP CITY-ST-ZIP Lucinda Roberts David Teck Addition TITLE Delete TITLE ☐ Change 4 + 55 SW-3 +Th St. # M68. Director NAME NAME 1003 Marys Prive -STREET ADDRESS STREET ADDRESS Tallahassee, FL 32308 Gainesville, FL 32608 CITY-ST-ZIP CITY-ST-7IP Resina Brozowski Delete TITLE Change ☐ Addition TITLE 200 First Ave # 306 NAME NAME St. Petershurs Beach, FL STREET ADDRESS STREET ADDRESS 33706 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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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SIGNATURE: James D. Leary, Esq. //20/00

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