## **FILED** 2003 NOT-FOR-PROFIT CORPORATION Apr 16, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700006831 04-16-2003 90152 033 \*\*\*\*70.00 1. Entity Name ISPEN. INC. Principal Place of Business Mailing Address PHUTOGRA 17110 CARRINGTON PARK DR. 17110 CARRINGTON PARK DR TAMPA PALMS FL 33647 TAMPA FL 33647 US 2. Principal Place of Business 3. Mailing Address 5046 Silver Charm Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3491383 Applied For 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 Isrue PENIEL, ISRAEL DR 17110 CARRINGTON PARK DR. Chaim #806 TAMPA PALMS FL 33617 City 8. The above named entry 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 age SIGNATURE **A** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE Thange Change Addition TITLE ☐ Delete Penid, Israel 5046 Silver Chaum Ten PENIEL ISRAEL NAME NAME STREET ADDRESS STREET ADDRESS 17110 CARRINGTON PARK DRIVE #806 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 trus TITLE ☐ Delete TITLE Change Addition JOHNSON, TRENTON NAME NAME STREET ADDRESS STREET ADDRESS 3007 E IDLEWILD ST -CITY-ST-ZIP = CITY-ST-ZIP TAMPA FL 33610 --☐ Addition TITLE ☐ Delete TITLE Peniel, Gloria 5046 Silver Chaim Terr Wesley Chapel, FL 33544 PENIEL, GLORIA NAME NAME STREET ADDRESS STREET ADDRESS 17110 CARRINGTON PARK DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA PALMS FL 33617 TITLE TRUS ☐ Delete TITLE ☐ Addition Hayes, Gwen NAME NAME

TAMPA FL 33647 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 altrother like

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NAME

TITLE

PO BOX 3363

TAMPA FL 33601

HARRIS, JOSEPH

**TAMPA FL 33610** 

PENIEL, GLORIA

DS

**4205 E PARIS STREET** 

17110 CARRINGTON PK DR. #806

Israel Peniel 3/3/03 8/3-907-7957 SIGNATURE:

Change

Change

☐ Addition

☐ Addition