2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 AM
Secretary of State

DOCUMENT# N98000003376

Entity Name: THE HANDS OF STONE INTERNATIONAL MUSEUM OF HUMANITIES AND THE ARTS INC.

Current Principal Place of Business:

P.O.BOX 6618
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 6618
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3522815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALARA, WILDA
445 SW 91ST PLACE
OCALA, FL 34476

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILDA, MALARA
Address: 445 SW 91ST PLACE
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: FOSTER, E L MAYOR
Address: PO BOX 1270
City-St-Zip: OCALA, FL 34478

Title: D ( ) Delete
Name: DUMBADSE, ROSS T DR
Address: 1810 CLATTERBRIDGE RD
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: RODRIGUEZ, CARLOS
Address: 3000 OCEAN PKWY
City-St-Zip: BKLYN, NY 11235

Title: S ( ) Delete
Name: SCOTTI, BARBARA
Address: 6221 SW 84 PL
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FOSTER, E L
Address: PO BOX 1270
City-St-Zip: OCALA, FL 34478

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILDA MALARA D 05/02/2002

Electronic Signature of Signing Officer or Director — Date