2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N98000005482 1. Entity Name LIFESONGS, INC. Principal Place of Business Mailing Address 1901 EDGEWATER DR. PO BOX 2724 ORLANDO FL 32804 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

6. Name and Address of Current Registered Agent

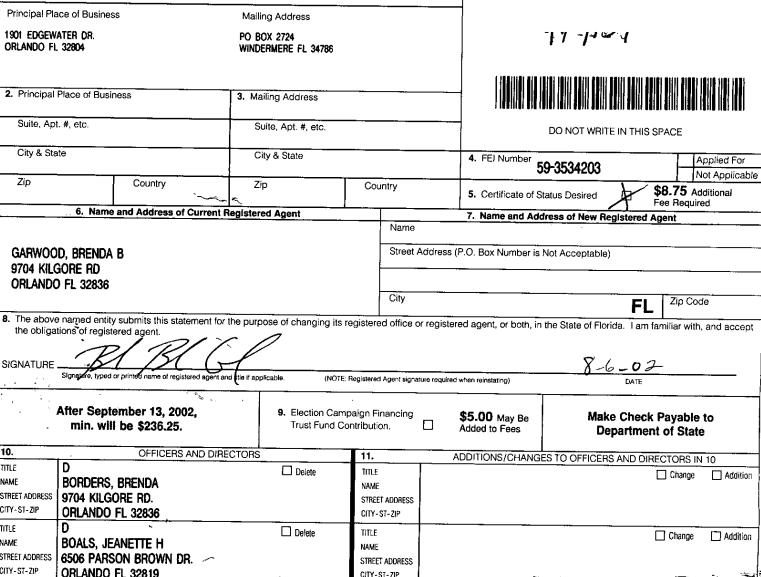
Zip

GARWOOD, BRENDA B 9704 KILGORE RD ORLANDO FL 32836

the obligations of registered agent.

FILED Aug 13, 2002 8:00 am Secretary of State

08-13-2002 90227 041 ****70.00



(NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be min. will be \$236,25. Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE NAME BORDERS, BRENDA NAME STREET ADDRESS 9704 KILGORE RD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32836 CITY-ST-7IP TITLE ☐ Delete TITLE NAME BOALS, JEANETTE H STREET ADDRESS 6506 PARSON BROWN DR. -STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME MACKIE, DIAN B NAME STREET ADDRESS 6701 PARSON BROWN DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ 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 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

Country

Name

City

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.

SIGNATURE REQUIRED SIGNATURE:

8-06-02