2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P00000003897 1. Entity Name AZAMA INCORPORATED 02-27-2001 90300 003 ***158.75 Principal Place of Business Mailing Address 632 RENAISSANCE POINTE, STE, 206 632 RENAISSANCE POINTE. STE. 206 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business Turkey Court DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AZAMA, CURTIS Street Address (P.O. Box Number is Not Acceptable) 632 RENAISSANCE POINTE, STE. 206 ALTAMONTE SPRINGS FL 32714 8. The above named entity submits this statement for the purpose of changing its registered office or re SIGNATURE legistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ChaIrman TITLE Chair and CEO urtis Azama NAME NAME STREET ADDRESS Renaissance Vointe, Suite 206 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Daytona Beach TEL TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🗸

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Guen Arama-Edwards 2/18/01

(904 or 386, 258-3168

☐ Addition

Daytime Phone #

☐ Change