FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN 26 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P0000007857

1. Entity Name

Hemispheric Ventures, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3116 S. Horizon Place Suite, Apt. #, etc.	3116 S Horizon Place Suite, Apt. #, etc.
City & State: Oviedo, FL	City & State: Oviedo, FL
Zip: 32765 Country: US	Zip: 32765 Country: US

4. FEI Number 59-3620142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: W. Jeffry Stein

Street Address (P.O. Box Number is Not Acceptable)

1420 Alafaya Trail, Suite 101

City: Oviedo FL Zip Code: 32765

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. I am familiar with, and accept the obligations of registered agent.

500026175175
01/26/04--01093--022 **350.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME Brian W. Kirton STREET ADDRESS 3116 S. Horizon Place CITY-ST-ZIP Oviedo, FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Brian W. Kirton 01/05/04 407-359-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #