2001 Uniform Business Report (UBR) FILED DOCUMENT # 7000000 20656 Apr 25, 2001 8:00 am Secretary of State V-S. INTERNATIONAL INC. 25-2001 90155 042 ***150.00 Principal Place of Business 677 N. WASHWATON BLUD SARASOTA AUU55759 FLORIDA 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59 362 8135 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WESTLAND CONSULTING Street Address (P.O. Box Number is Not Acceptable) N. TUTTLE AVE City SARASOTA ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE, Registered Agent signature required when reinstating) d agent and title if applicable This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Fax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT CR2E034 (11/00) Change Addition TITL F TITL E ☐ Delete VINCE SQUIRES NAME NAME 4109 HEARTH STONE DRIVE STREET ADDRESS STREET ADDRESS FLORISA CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete THE TOTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:TY-ST-7.IP Addition Change ☐ Delete TITLE 3101.5 NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP Addition ☐ Delete 71718 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Addition Chance ☐ Deiete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 13. Thereby 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 dress, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR