FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 02, 2002 8:00 am Secretary of State 05-02-2002 90100 005 ***150.00

CR2E034B (12/01)

| DOCUMENT # POO 00050 | 1304 |
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| NAGE VENTURES, INC | |

| | NAGE VENTURES, | INC L | / | | | | | | | | |
|---|---|-----------------------------|---|------------------------|---------------------|--------------------------------------|---------------------------------------|---------------------------------------|--------------|---------------------------------------|--|
| DO NOT WRITE IN THIS SPACE | | | | | | | , . | | | | |
| 2. Principal | Place of Business | 3. Mailing Address | | | | | | | | | |
| P.O. | BOX 673 | P.O. Box 6 | 73 | | | | | | | | |
| Suite, Ap | | Suite, Apt. #, etc. | • | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & Sta | u LA BATRE AL | City & State | MOULA BATTE AL | | | | | | | | |
| Sily & Oile | ale | Cary & State | | | | FEI Number | 435 | | | Applied For | |
| Zip | Country | Zip | Cour | ntry | | | | | \$9.7 | Not Applicable 5 Additional | |
| 3650 | og USA | 36509 | | 425 | 5. | Certificate of | Status Desired | | Fee Re | | |
| | | - | | | 7. N | ame and Add | iress of Current | Registere | d Agen | t | |
| • | DO NOT W | DITE | | Name | WARE | n, ste | Ven E | 5 m | | | |
| | DO NOT W | | | Street / | Address (P.O. I | Box Number i: | s Not Acceptable | e) | | | |
| | IN THIS SP | ACE | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | 150 | CA COR | PORN | K CEN | TEE- | | | |
| | | - 10- | | 210 | 1 CORP | or ate | BLVd. | Ste | 2.43 | _ | |
| | | | | City | CA RA | +~~ | RI | FL | 7. | Code | |
| 8. The above | e named entity submits this statement for | the purpose of changing its | s register | ed office o | r registered ac | nent or both | in the State of Ek | | | 34-51 | |
| | 1440 | | | | | | THE OLDIEGO OF THE | Mar. | | | |
| SIGNATURE | _ MODITION - C | 50 Directo | | Jam | | oten) | | 年/2 | -2/0 | 32 | |
| | Signature of printed name of registered agent a | (113) | | | ure required when r | einstating) | <u></u> | DATE | 7 | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so After May 1, F | | May 1 Food | ree is \$150.00 is \$550.00 10. Election Camp | | | | | | | | |
| (See criteria en book) Amended I | | d UBR i | is \$61.25 | | | on Campaign Fin Fund Contribution | | | 55.00 May Be | | |
| 11. | | Make Check Payal | ole to De | epartmen | t of State | | | | | | |
| TITLE | OFFICERS AND I | | | | <u> </u> | | | | | | |
| NAME | Director, CEO, JAMES H. WOOT | ex. | TITLE NAMI | | | | | | | | |
| STREET ADDRESS | REET ADDRESS P.O. BOX 673 | | | et address | | • | | | | | |
| CITY-ST-ZIP 🗷 | BAJOU LA BATRE | AL 36509 | | -ST-ZIP | | | | | | | |
| TITLE | DIRECTUR | 100 | TITLE | | | | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · | |
| NAME | NURMAN SINGE | e. | NAME | E | | | | | | | |
| STREET ADDRESS | 40 IDEAS WORKS | 100 1000 SUNS | | ET ADDRESS | , | | | | | | |
| CITY-ST-ZIP | RIOVERD STE LL- | LOO Northbeak | | -ST-ZiP | | | | | | | |
| TITLE | JL 60062 | | TITLE | | | | | | | | |
| NAME STREET ADDRESS | | | NAME | | | | | | | | |
| CITY-ST-ZIP | | | | et address - St-zip | | DO | NOT ' | WRI | TE | | |
| TITLE | | | - 1 1 1 1 1 1 1 1 1 1 | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| NAME | | | TITLE NAME | | | IN ' | THIS S | SPA(| CE | | |
| STREET ADDRESS | | | | T ADDRESS | | - | | | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | | | | |
| TITLE | | | TITLE | | | | | | | | |
| NAME | | | NAME | | | | | | | | |
| STREET ADDRESS | | | STREE | T ADDRESS | | | | | | | |

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME