2001 UNIFORM BUSINESS REPORT (UBR) May 12, 2001 8:00 am Secretary of State 1. Entity Name DAFT GENERATION, INC. 05-12-2001 90006 039 \*\*\*150.00 Principal Place of Business Mailing Address 7216 CLUDNAL LAKE DE 7216 COLONIAL LAKEDR. RIVERNEW, FC RIVERVIEW, PC 33569 33569 2. Principal Place of Business 3. Mailing Address 7216 COLONIAL LAKE OR 7216 COLONIAL LAKE DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State\_\_ City & State ----4. FEI Number Applied For -65-1018621 RIVERVIEW, 218BRVLEW Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIMOTHY BROWN Name 7216 COLONIAL LAKE DR Street Address (P.O. Box Number is Not Acceptable) RIVERVIEW, FL 33569 City Zip Code 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. J BROWN (ED MILTOWIT d name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition TIMOTHY BROWN NAME NAME 7216 COLONIAL LAKE OR STREET ADDRESS STREET ADDRESS RIVERNEYA 33569 RHERVEN CITY-ST-ZIP CITY-ST-ZIP V/T/D TITLE ☐ Delete TITLE Change Addition 7211 C. NAME NAME Tency copes 7216 COUNTE LAKEDE " YEEVIEW, FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33551 RIVERNIEW, PL 33569 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE 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 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 with all other like empowered. changed, or on an attachment with an add

Птопч

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR