2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am

DOCUMENT # P0000062836 1. Entity Name FULL SAIL, INC.							Secretary of State 05-22-2001 90634 027 ***158.75			
Principal Place of Business Mailing Address										
3260 UNIVERSITY BLVD STE 210 WINTER PARK FL 32792			3260 UNIVERSITY BLVD STE 210 WINTER PARK FL 32792				•			
2. Principal P		ess	3. Mailing Address				DO NOT WRITE IN THIS SPACE			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FE	Number 59-211145	6	Applied For Not Applicable
Zip		Country	Zip 	itry			ertificate of Status Desired	Fee Req	Additional uired	
6. Name and Address of Current Registered Agent							7. Na	ame and Address of New Reg	istered Agent	
HADDOCK, EDWARD E JR 3260 UNIVERSITY BLVD STE 210					Name Street Address (P.O. Box Number is Not Acceptable)					
WIN	ter park i	FL 32792			City				FL Zip C	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.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Tax filing r	_	ble to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat				10. Election Campaign Financ Trust Fund Contribution.	Ād	5.00 May Be ded to Fees	
11.		OFFICERS AND D		12.	<u>.</u>	PSD	ADD	ITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in distantanto estre et la linea de la Reconstrucción de la linea	Delete		E E Et address - St - Zip	EDWAI	RDE VNI ER	, HADDOCK JR . VERSITY BLVD. PARK FLORIDA 32	□ Chang 192	ge 🔽 Adullauli
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		☐ Delete			PSD JONA 3300	THAI	N D. PHELPS IVERSITY BLVD. PARK, FLORIDA 3	☐ Chang	ge 😡 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete			DCA		HEAVENER IVERSITY BLUD. PARK PLORIDA ?	☐ Chanc	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			AS DEBO 3800	RAH VNI	R. MAGRUDER VERSITY BLUD. PARK, FLORIDA 3	□ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete			1	.V.I	THE TENEDO	☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Chang	e Addition

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.

SIGNATURE: _

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #