FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am § Secretary of State DOCUMENT # P00000085387 1. Entity Name 05-19-2002 90031 024 ***150.00 ARISAR, INC. Principal Place of Business Mailing Address 2331 BELLEAIR ROAD, SUITE D 2331 BELLEAIR ROAD. SUITE D **CLEARWATER FL 33764** CLEARWATER FL 33764 2. Principal Place of Busines DO NOT WRITE IN THIS SPACE ₹0*५* 4. FEI Number Applied For 59-3668227 Not Applicable 3370.2 \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEATTY, MICHAEL 8437 TALLAHASSEE DR NE ST PETERSBURG FL 33702 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida SIGNATURE ed Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition NAME BEATTY, MIKE NAME 2331 BELLEAIR ROAD STREET ADDRESS 710-94th Ave. N. #304 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 🗆 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP CITY-ST-7IP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED ANNE OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #