2001 UNIFORM BUSINESS REPORT UBRI

May 29, 2001 8:00 am Secretary of State DOCUMENT # P00000099326 05-01-2001 90121 027 ***150.00 AMERICAN BALLOONS INC. Principal Place of Business Mailing Address 7751 BRETTONWOOD DR. 7751 BRETTONWOOD DR. TAMPA FL 33615 TAMPA FL 33615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Ombo Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARREN, TOMMY Street Address (P.O. Box Number is Not Acceptable) 7751 BRETTONWOOD DR. TAMPA FL 33615 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: F egistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 TITLE TITLE ☐ Change Deleta Reson HAME NAME SA CEW OFE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition NAME NAME Perondent STREET ADDRESS woodor. STREET ADORESS CITY-ST-ZIP CITY-\$1-21P TITLE itign Warren Demo ☐ Change ☐ Addition NAME NAME" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P eand willis TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME readurer NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURES