Page 1072 2001 UNIFORM BUSINESS REPORT (UBR) SECRETARY OF STATE DIVISION OF CORPORATIONS ATPARC 01 OCT 1/1 AM 12: 10 Principal Place of Business Mailing Address 612 SW 10TH ST SAME FORTLANDERDALR, FL 33315. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65 1049 790 Not Applicable Zip Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLIN T. DOWNEY ÷Street Address (P.O. Box Number is Not Acceptable).⊃ 612 SW 1074 ST. FORTLANDERDAUZ, FL 33315 Zip Code City 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) 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 PRESIDENT TITLE ☐ Delete TITLE ☐ Change ☐ Addition COLIN T. DOWNIEY NAME NAME 612 SW 1074 SP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DZTLAUDERIAUE FE 33315 100004649831 - 6 -10/23/01--01644^{ng}-001 ^{Admin} TITLE Delete TITLE NAME NAME ****150.00 ****150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

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ATPARC INC.
COLIN T. DOWNEY
612 SW 10TH STREET
FORT LAUDERDALE, FLORIDA, 33315
USA
PHONE (954) 261-8495
HOME PHONE (954)463 9522
EMAIL CINQUENEUF@YAHOO.COM

AUGUST 31, 2001

DIVISION OF CORPORATIONS PO Box 1500 TALLAHASSEE, FL. 32302-1500

DEAR LADIES AND GENTLEMAN,

I AM WRITING ON BEHALF OF MY COMPANY: ATPARC INC. . AS WE ARE A NEW COMPANY AND UNCERTAIN OF OUR OBLIGATIONS UNDER FLORIDA LAW, WE WERE NOT EXPECTING THE UNIFORM BUSINESS REPORT OR IT'S ASSOCIATED FEE. ACCORDINGLY, WHEN WE DID NOT RECEIVE SAID REPORT, WE WERE TRULY UNAWARE THAT WE MIGHT BE LIABLE FOR A GREATLY INCREASED FEE FOR LATE FILING. I WOULD BEG OF YOUR UNDERSTANDING FOR OUR IGNORANCE AND REQUEST THAT WE BE ALLOWED TO PAY THE NORMAL FEE AND ACCEPT OUR ASSURANCES THAT THIS OVERSIGHT WILL NOT BE PERMITTED TO OCCUR NEXT YEAR.

WITH THE GREATEST HOPE FOR A SUCCESSFUL YEAR FOR US ALL, I REMAIN;

RESPECTFULLY YOURS.

CAPT. COLIN T. DOWNEY