FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90074 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000005085

10091120

1. Entity Name
ZEROBRAND, INC.

Principal Place of Business	Mailing Address
669 SILVER BIRCH PLACE LONGWOOD, FL 32750	669 SILVER BIRCH PLACE LONGWOOD, FL 32750

2. Principal Place of Business	3. Mailing Address
341 N. Hillside Ave.	341 N. Hillside Ave.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32803 Country: USA	Zip: 32803 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3691526 — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SEYB, LAURENCE W
669 SILVER BIRCH PLACE
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent
Name: Seyb, Laurence W.
Street Address (P.O. Box Number is Not Acceptable): 341 N. Hillside Ave.
City: Orlando FL Zip Code: 32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEYB, LAURENCE W BOX 900 JOHNSON, KS 67855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Seyb, Laurence W P.O. Box 51115 Colorado Springs, CO 80949-1115	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FAKIGFA, EDMUND 669 SILVER BIRD PLACE LONGWOOD, FL 32750	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/03 719-264-8360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #