## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 08, 2002 8:00 am Secrétary of State P01000013167 DOCUMENT # 1. Entity Name 07-08-2002 90231 013 \*\*\*150.00 SALTWATERFISH.COM, INC. Principal Place of Business Mailing Address 6758 NW 72ND AVE 6758 NW 72ND AVE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 1001 nowport Center Dr West 1001 Newport Center ! DO NOT WRITE IN THIS SPACE # 109 Applied For 341894664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROE. ROGER Street Address (P.O. Box Number is Not Acceptable) 9940 S OCEAN BLVD JENSEN BEACH FL 34957 Zip Code 8. The above named entity submits this elatement 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 age SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 9940 S. Ocean Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling edes 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 leaves.

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

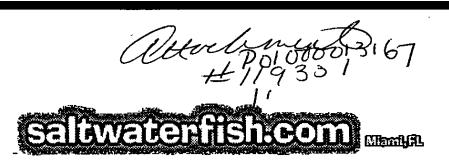
MANATURE AND TYPE OF STREET PARTY OF STRING OFFICER OR DIRECTOR

7-1-02

561-702 3752

Douting Phone #

CR2E034 (4/02)



July 1st, 2002

## To Whom It May Concern:

We are very sorry but we were not aware of this form. It was our first year in business and we moved before receiving the notice. The first information we received for this form was just today. Our new address is enclosed on the form.

Thank you

Roger Roe

Saltwaterfish.com Inc.