2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000053931

Entity Name: KAM VENTURES, INC.

FILED Mar 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1898 48TH STREET SW 1002 OAK FOREST DRIVE NAPLES, FL 34116 NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 1898 48TH STREET SW 1002 OAK FOREST DRIVE NAPLES, FL 34116 NAPLES, FL 34104 FEI Number: 59-3730743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCAUSLAND, FRANCINE MCCAUSLAND, FRANCINE 1898 48TH STREET SW 1002 OAK FOREST DRIVE NAPLES, FL 34116 NAPLES, FL 34104 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: 03/29/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition MCCAUSLAND, FRANCINE Name: Name: Address: 1002 OAK FOREST DRIVE Address: City-St-Zip: City-St-Zip: NAPLES, FL 34104 US Title: () Delete Title: () Change (X) Addition Name: Name: KENT, LYNDA 460 19TH STREET NW Address: Address: NAPLES, FL 34120 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: ALLEN, LISA M Name: 1401 NW 66TH TERRACE Address Address: City-St-Zip: City-St-Zip: KANSAS CITY, MO 64118 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCINE MCCAUSLAND P 03/29/2002