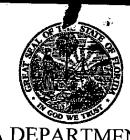
FILED

2002 Uniform Business Report (UBR)

May 05, 2002 8:00 am Secretary of State **DOCUMENT #** P01000055480 1. Entity Name 04-02-2002 90861 021 ***150.00 FUSION YOGA, INC. 05-05-2002 90295 005 ***150.00 Principal Place of Business Mailing Address 417 W. SECOND AVE. 417 W. SECOND AVE. WINDERMERE FL 34788 WINDERMERE FL 34788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip. Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRYOR SARAH L-Street Address (P.O. Box Number is Not Acceptable) 417 W. SECOND AVE. **WINDERMERE FL 34786** Zig Code FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee Will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE Delete TITLE (9/01) NAME Channa Channa ☐ Addition MAME STREET ADDRESS 417 W. Second Avenue STREET ADDRESS CITY-ST-ZIP Windermere FL. 34786 Delete CITY-ST-7/P TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP. CITY_ST-ZIP= TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete 1/TI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P me ☐ Detete TITLE ☐ Change ☐ Addition NALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 outputsee empowered to execute this report as required by Chapter 507, 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. REQUIRED SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

April 9, 2002

FUSION YOGA, INC. 417 W. SECOND AVE. WINDERMERE, FL 34786

Subject: FUSION YOGA, INC.

Reference Number:

P01000055480

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs ANNUAL REPORTS SECTION