Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P0100060113 1. Entity Name AFI MOTION, INC. | | | | FILED 03 NOV -7 AHII:51 | |
|---|--|--|---|---|----------------------------|
| 1951-A PORTER LAKE DR 1961-A PO | | Mailing Address 1951-A PORTER LAKE DR SARASOTA FL 34240 | | SECNEDARY OF STATE TALLAHASSEE, FLORIDA | |
| Suite, Apt. City & Stat Sara Zip 342 | esctu FL Country | 3. Mailing Address 4308 Kings Suite, Apt. #, eto City & State Scrasota, Zip 34238 egistered Agent | FL Country Sarassta Name | 65-1116209 | Applied For Not Applicable |
| BRADENTON FL 34205 | | the purpose of changing its | City registered office or reg | FL Zip Consistered agent, or both, in the State of Florida. I am familiar with | |
| SIGNATURE | | | | | |
| FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State | | | | Trust Fund Contribution. | .00 May Be fed to Fees |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOOSTER, JONATHAN A 1951-A PORTER LAKE DR SARASOTA FL 34240 | Delete | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change 000024505340 11/07/0301027026 **550 | e Addition 8 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOOSTER, DENISE L 1951-A PORTER LAKE DR SARASOTA FL 34240 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | e Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOOSTER, STEPHEN 1951-A PORTER LAKE DR SARASOTA FL 34240 | ☐ 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET AODRESS CITY-ST-ZIP | ☐ Change | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone # | | | | | |

Dept. of Corporations

Dear Sunbiz representative,

Due to the bad economy I was forced to leave the address that I was sharing with another company that has gone bankrupt. The UBR form got to me after Sept. 10th because the mail that was sent to the old address was forwarded to the bankrupt company's P.O. Box and they failed to get it and forward it to me in time.

Please waive the reinstatement fee and accept my UBR.

Thank you,

Stephen H. Wooster AFI Motion, Inc.