5/28

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 08, 2002 8:00 am Secretary of State

DOCUMENT # PO1000	SUMENT # PD1000061177		05-28-2002 91749 022 ***150.00		
The Scandinar	ian Connec	tion Inc.			
DO NOT WRITE	IN THIS SE	PACE			
2. Principal Place of Business 08 COYOL DY Suite, Apr. #. etc.	3. Malling Address D8 COYOT Suite, Apr. #, etc.	Dr	DO NOT WRITE IN	THIS SPACE	
Nokomis FL	No Komis	FL Country	4. FEI Number 01-0631349	Not Applicable \$8.75 Additional]
34275 CUSA DO NOT WI	and the state of the Control of the	Name Sco	7. Name and Address of Current Reg 8. October 10. Name and Address of Current Reg 9. October 10. Name and Address of Current Reg 9. October 10. Name and	Fee Required	
IN THIS SP. 8. The above named entity submits this statement for		City Sara	SOLG. ed agent, or both, in the State of Florida.	FL 71959232	•
SIGNATURE Signature, typed or printed name of registered agent an 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND D	January 1 - Mi After May Amended Make Check Payabi	Registered Agent signature required by 1. Fee is \$150.00 I. Fee is \$550.00 UBR is \$61.25 In to Department of Stal	10. Election Campaign Financia Trust Fund Contribution.	DATE 19 \$5.00 May Be Added to Fees	
THE NAME STREET ADDRESS DITY-ST-2P NOKOWIS FL 34275	E0) 1	AME STREET ADDRESS CITY-ST-ZIP			CR2E034B (12/01)
SIREFI ADDRESS CITY-ST-ZP NOK DAN IS FL 34275 TITLE NAME SIREFI ADDRESS CITY-ST-ZP	- (1)	STREET ADDRESS CITY ST. 2P	DO NOT W	RITE	
TITLE BANE STREET ADDRESS CITY- S1- ZP		IIILE MANE TO SUMME STREET ADDRESS CITY ST. 7P	IN THIS SP		
TITLE NAME STREET ADDRESS CITY-ST-ZP		TITLE MAME STREET ADDRESS® CITY: ST: ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZEP		MAME STREET ADDRESS CITY: ST: ZP			
13. I hereby certify that the information supplied with the indicated on this report of supplemental report is to of the corporation or the ledever or trustee emporattachment with an address, with all other like emporations. SIGNATURE: SIGNATURE SUPPLIES OF PRESENTING AND TYPED OF T	his filing does not qualify for une end accurate and that m wered to execute this report overed.		tion 119.07(3)(i). Flortide Statutes. I furth ame legal effect as if made under oath: to the statutes, and that my name appears to the statutes, and that my name appears to the statutes.	er cently that the information hat I am an officer or director opears in Block 11 or on an (941) 918-12-69	

Attachment

Document # 7/3/02

PO 10000 6 1/77

To whom it may concern,

Dear Madam/Sir, Please note I have enclosed copies of the letter

inserted in the appropriate spaces. Also, we just received this notification on June 30 as we have been out of the country for the past three weeks. I am mailing this on July 3rd, it is my understanding this will comply with your request that we respond within 30 days thus avoiding any late fees. I spoke with Matt at your agency and he indicated this was the most appropriate course of action. Thank you for time. Sincerely,

James Mast