^2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

DOCUMENT #

Principal Place of Business

FT LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

WARD OPTICAL, INC. --

1815 E COMMERCIAL BLVD STE 203

1. Entity Name

P02000005202

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

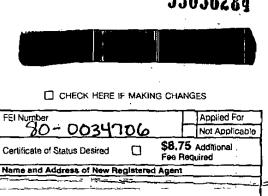
1815 E COMMERCIAL BLVD STE 203

FT LAUDERDALE FL 33308

FILED Jun 30, 2003 8:00 am Secretary of State

06-16-2003 90146 049 ***550.00

55656284



City & State City & State Zîp Country Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARD, TRACY Street Address (P.O. Box Number is Not Acceptable) 1815 E COMMERCIAL BLVD STE 203 FT LAUDERDALE FL 33308 Zip Code 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, 1 am lamiliar with, and accept the obligations of registered agent: SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. The same of the same of TIPLE S Detete TITLE ☐ Addition Change | WARD, TRACY NAME NAME 1815 E COMMERCIAL BLVD STE 203 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-7IP CITY-ST-7IP Delete -m£ MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-\$1-71P TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Oelete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attaching with an address, with all other like empowered.

SIGNATURE:

MOLECUTE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6/12/03

Daytime Phone 4