SECRETARY OF STATE TALLAHASSEE, FLORIDA

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| 3909 SW 25  | SAME   | <b>.</b>                       |   | US/Z3/U3U1UU5U26 **15U.UU                          |  |  |  |
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| 3909 SW 25TH PLACE   SAME   Suite, Apt. #, etc.   Suite, Apt. #, etc. |  |                                | tc.   | DO NOT WRITE IN THIS SPACE                         |  |  |  |
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| City & State  |  | City & State                   |   |  | 4. FEI Number  |  | Applied For  |
|   |  |                                | Countr  |  | 90-0033496   | <u> </u>   | Not Applicable   |
| Zip<br>33914  | Country<br>USA   | Zip                            | Country   |  | 5. Certificate of Status Desired   | Bee Re   | Additional quired  |
| DO  | NOT WRITE IN   | THIS SPACE                     |   |  | 7. Name and Address of Current Regis   | tered Agent  |  |
|   |  |                                |   | Name   |  |  |  |
|   |  |                                | 130 m 100 m 200 m | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
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|   |  |                                | hanging its reg   | istered office or                                  | registered agent, or both, in the State of F   | lorida. I am f   | amiliar with,  |
| and accept the obl  | ligations of registered age  | ent.                           |   |  |  |  | ţ  |
|   |  | mul.                           | سسد   | D  | 5/11   | 102  | [  |
| SIGNATURE   | e, typed or printed name of re   | nistered agent and title if an | nlicable (A   | OTE: Registered A                                  | gent signature required when reinstating)  | DATE   | <u></u>  |
|   | May 1 Fee is \$150.00  |                                | p.104010. (71   | - Cre. Noglatorio                                  | gan agradus (agan ta milat lamatam gy  |  |  |
| After M   | ay 1, Fee is \$550.00  |                                |   |  | 9. Election Campaign Financing   |  | 5.00 May Be  |
|   | ded UBR is \$61.25   | A State 3                      |   |  | Trust Fund Contribution.   | □ /  | Added to Fees  |
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| information indical   | ted on this report or suppl  | emental report is true an      | id accurate and   | i that mv signatu                                  | in Section 119.07(3)(i). Florida Statutes. I<br>re shall have the same legal effect as if m  | ade under oa   | ath: that I am   |
| an officer or direct  | or of the corporation or th  | e receiver or trustee emp      | powered to exe  | cute this report a                                 | as required by Chapter 607, Florida Statute  | es; and that r   | ny name  |

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P02000050642

1. Entity Name

REALSITE, INC.

STF FL32381F.1

SIGNATURE: \

Daytime Phone #