FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2003 8:00 am Secretary of State P02000104456 DOCUMENT # 1. Entity Name 09-12-2003 90096 022 ***150.00 DRAGON DROP, INC. Principal Place of Business Mailing Address 4120 W NORTH A ST UNIT J 4120 W NORTH A ST UNIT J **TAMPA FL 33609 TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address 4120 4120 W. North A St. North CHECK HERE IF MAKING CHANGES #8 #8 City & State 4. FEI Number Applied For City & State *55-081-4857* Not Applicable 336.05 Tampa \$8.75 Additional Country \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable of Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ___ Addition TITLE ☐ Delete TITLE DINATALE, LESLIE NAME NAME 4120 W NORTH A ST UNIT J STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сһалде Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachment with an address, with all other like empower

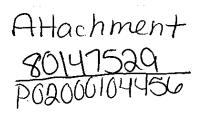
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



September 2, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Per my conversation with one of the Division of Corporations' representatives, I am sending my filing payment with this letter. This letter is to notify that this is the first information I have received about the delinquency and payment due.

I had hired Spiegel & Utrera, P.A. to incorporate my business and they are the entity's registered agent. However, they did not and have not explained this Uniform Business Report to me although they were supposed to take care of the paperwork and I feel that the error is on their part for not taking care of the matter.

I am requesting that the delinquency fee be waived in light of this factor. I appreciate your consideration on my behalf and will be waiting to hear from you about the issue.

Thank you,

L. DiNatale President

Dragon Drop, Inc.

enc: 1