2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P02000107309

Entity Name: DREAMS AFLOAT, INC.

Current Principal Place of Business:

253 THATCHER LANE
FOSTER CITY, CA 94404

New Principal Place of Business:

Current Mailing Address:

253 THATCHER LANE
FOSTER CITY, CA 94404

New Mailing Address:

FEI Number: 38-3665885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POLLARD, GARY
Address: 253 THATCHER LANE
City-St-Zip: FOSTER CITY, CA 94404

Title: D ( ) Delete
Name: FOGELBERG, ERLAND
Address: 801 SE 16TH COURT #14
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D ( ) Delete
Name: POLLARD, BRUCE
Address: 1900 ASCOT PARKWAY #1924
City-St-Zip: VALLEJO, CA 94591

Title: D ( ) Delete
Name: STIMMEL, LEE D
Address: 155 MONTGOMERY STREET 12TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE A POLLARD D 04/28/2003

Electronic Signature of Signing Officer or Director — Date