2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 15, 2001 8:00 am Secretary of State DOCUMENT # P93000055086 1. Entity Name 05-15-2001 90151 050 ***150.00 INNOVASIA, INC. Principal Place of Business Mailing Address 274 LANTERNBACK ISLAND DR. 274 LANTERNBACK ISLAND DR. 765350 SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3199660 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRAN, MINH D Street Address (P.O. Box Number is Not Acceptable) 274 LANTERNBACK ISLAND DR. SATELLITE BEACH FL 32937 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Change ☐ Addition TITLE ☐ Delete NAME TRAN, MINH D NAME STREET ADDRESS 274 LANTERNBACK ISLAND DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL ☐ Delete TITLE Change Addition TITLE NAME NAME tran, thu a STREET ADDRESS 274 LANTERBACK ISLAND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH FL ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ 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 CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

M.H. TRAN.

Daytime Phone #