2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P9400004681 1. Entity Name SOFTCACHE, INC. 03-05-2001 90368 027 ***150.00 Principal Place of Business Mailing Address 2320 WATROUS DR 2320 WATROUS DR **DUNEDIN FL 34698** DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 59-3248966 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required = 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSSIAN, MARK A Street Address (P.O. Box Number is Not Acceptable) 1150 CLEVELAND ST SUITE 400 **CLEARWATER FL 34615** 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 : Signature, typed or printed name of registered egent and title if applicable 2. (NOTE: Registered Agent signature required when reinstalling) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 6 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 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAMLIN, THEODORE I JR. NAME NAME 2320 WATROUS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HAMLIN, RACHEL E NAME NAME 2320 WATROUS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Change ☐ Addition TITLE . . Delete___ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change _ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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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, is 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 eath; 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.

SIGNATURE: Raphal S. Hamlin Rachel E. Hamlin 3/1/0/1721 133-8184

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