FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State P94000004681 DOCUMENT # 1. Entity Name 04-18-2002 90432 038 ***150.00 SOFTCACHE, INC. 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 City & State City & State Applied For 4. FEI Number 59-3248966 Not Applicable Zip Country Country \$8.75-Additional-5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 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 remed 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstati 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition NAME HAMLIN, THEODORE I JR. NAME 2320 WATROUS DR STREET ADDRESS STREET ADDRESS DUNEDIN FL 34698 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE HAMLIN, RACHEL E NAME NAME 2320 WATROUS DR STREET ADDRESS STREET ADDRESS DUNEDIN FL 34698 CITY-ST-ZIP CITY-ST-ZIP 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-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-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

Treas Rachel E. Hamlin, 4

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