FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # P94000010309 1. Entity Name 04-22-2002 90178 009 ***150 00 DUM, INC. Principal Place of Business Mailing Address 16124 VANDERBILT DRIVE 16124 VANDERBILT DRIVE ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0467511 Not Applicable Zip Country 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 CASPER, GARY Street Address (P.O. Box Number is Not Acceptable) 16124 VANDERBILT DRIVE ODESSA FL 33556 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 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, 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 CR2E034 (9/01) ☐ Delete TITLE Change Change CASPER, GARY CASPER, GARY IBIQU VALDERBILT DR. NAME NAME 16614 NORWOOD DR STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP ODEGGA, Fl. 33556 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE . \square Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE: