

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90091 012 ***158.75

DOCUMENT # **P94000058270**

1. Entity Name
AFRICAN WORLD SAFARIS, INC.

653889

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1850 HOMEWOOD BLVD.

3. Mailing Address
1850 HOMEWOOD BLVD.

Suite, Apt. #, etc.
Suite 402

Suite, Apt. #, etc.
Suite 402

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH

City & State
DELRAY BEACH

4. FEI Number
65-051-6247

Applied For
Not Applicable

Zip
33445

Country
FL

Zip

Country
FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAWN YOLANDE HUMPHREYS

Street Address (P.O. Box Number is Not Acceptable)
1850 HOMEWOOD BLVD

SUITE 402

City
DELRAY BEACH FL Zip Code
33445

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 **DAWN HUMPHREYS, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 21, 02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
PRESIDENT
NAME
DAWN YOLANDE HUMPHREYS
STREET ADDRESS
1850 HOMEWOOD BLVD #402
CITY-ST-ZIP
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VICE-PRESIDENT
NAME
ANTHEA HUMPHREYS
STREET ADDRESS
1850 HOMEWOOD BLVD. #402
CITY-ST-ZIP
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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

SIGNATURE: **Dawn Yolande Humphreys**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #