2008 FOR PROFIT CORPORATION

FILED Feb 15, 2008 8:00 am

| AIIIIOAL IILI OIII | | | | | Secretary of State | | | |
|---|--|------------------------------------|-------------------------|------------------|---------------------------------------|--|---|-----------------------------|
| DOCUMENT # P95000060695 1. Entity Name ULTRA VISION S.E., INC. | | | | | | 02-15-2008 | 90005 033 ***150 | |
| Principal Place | e of Business | Mailing Address | | , | SHDA | 300° | | |
| · | SBOROUGH AVE | P.O. BOX 11906 | | | 400- | | | |
| TAMPA, FL 3 | | TAMPA, FL 33680 | | • | , . | | | |
| TAINTA, IL S | 33010 | 1 AINII A, I L 33000 | · . | | | | | |
| | | | | • | 182 361 1 | IBIBI BIIN GBIII BBIIL BB | | 111 (1 11 |
| Principal Place of Business - No P.O. Sox # 3. Mailing Address | | | | | | | | |
| 3723 E. Hills borrough Ave P.D. Box 1198 | | | | | | 1818) BIISI BANII BANII BA | ili d'èlia azir apilə bişsə ibibl bil | 19 BL 11 10 DI |
| Suite, Apt. | | Suite, Apt. #, etc. | $\eta \varphi \psi$ | | | | | |
| Juite, Apri. | w, 010. | Outo, 7 pt. 11, oto. | | | 02122008 | Chg-P | CR2E034 (12/06) | |
| City & State | | City & State | | | 4. FEI Numbe | , | ΙΔn | plied For |
| TAM | | TAM PA | OL C | | 59-3346 | | | f Applicable |
| | | | | | 39-33-40 | J-102 | | |
| Zip | Country | 336 80 | Country | Λ | 5. Certificate of | of Status Desired | \$8.75 Add | |
| 33610 | <u> </u> | | <u> </u> | ' | L | | | <u>.</u> |
| | 6. Name and Address of Current R | egistered Agent | None | | 7. Name and | Address of New F | registered Agent | |
| | 20.40 | | Nam | וומע | . 10.1 | RAIG | ~~ ·- - | <u>~~</u> |
| HALL, W. C | | | Stree | LAddress (| P.O. Box Numbe | r is Not Acceptabl | e) | |
| | ENNEDY BLVD., SUITE 750 | | 000 | | | 0 | •, | |
| TAMPA, FL | ~ 23008 | | HE | 20 1 | 11 1/000 | 160 12 | Ind City | S75 |
| | | | 100 | <u> 20 0</u> | 0 1/48/00 | 1404 12 | UCL, 7119E. | <u> </u> |
| | | | City | T | DIM DA | , | FL Zpco | 0 |
| O The share | named entity submits this statement for | the purpose of changing it | n conjectored office | n or englister | 77 101 17 17 | a in the State of El | orido Lam familiar with | and account |
| | named entity submits this statement for ions of registered agent. | the purpose of changing it | s registered offici | e or register | ed agent, or non | i, in the state of Fi | unua. Tam lamiliai with, | and accept |
| , obligati | ions of registered agent. | | | | | | | |
| SIGNATURE | | | | | | | | |
| 0.019110112 | Signature, typed or printed name of registered agent an | nd title if applicable. (NO | TE: Registered Agent si | gnature required | when rematailing) | | DATE | |
| | | | | , | | | | - |
| FILE | E NOW!!! FEE IS \$150.00 | 9. Election Campa | aign Financing | _ \$5 | .00 May Be | | | |
| | ay 1, 2008 Fee will be \$550.0 | Trust Fund Con | tribution. | ☐ Add | ed to Fees | | | |
| | | | | | | | | 5 151 a 4 |
| 10. | OFFICERS AND C | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OF | FICERS AND DIRECTORS | |
| TiTLE | D 5. | ☐ Delete | TITLE | . D | A | 11 . | Change | Addition |
| NAME | HORN, JOSHUA G | | NAME | | (- RA5LE | WilliAd | 4D; | |
| STREET ADDRESS | 605 S. DELAWARE DRIVE | | STREET ADDRE | ^{SS} 3 | 723 E. | 4:119 60 RC | MD AUE 336/0 | |
| CITY - ST - ZIP | TAMPA, FL. 33606 | | CITY·ST·ZIP | - | TAMAA | FL. | 336/0 | |
| TITLE | PS . | ☐ Delete | TITLE | | | , - | ☐ Change | ■ Addition |
| NAME | GRABLE, WILLIAM D | | NAME | | | | | |
| STREET ADDRESS | 3723 E HILLSBOROUGH AVE | | STREET ALVORE | ss | | | | |
| CITY-ST-ZIP | TAMPA, FL 33610 | | CITY-ST-ZIP | | | | | |
| | | | TITLE | +- | | | ☐ Change | Addition |
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| NAME | - | | STREET ADDRE | ce | | | | |
| STREET ADDRESS | | | CITY-ST-ZIP | 33 | | | | |
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| NAME | | | HAME CERTET ADDRE | ce | | | | |
| STREET ADDRESS | | | STREET ADDRE | 33 | | | | |
| CITY-ST-ZIP | <u> </u> | | CITY-ST-ZiP | | | | 5, | |
| 12. I hereby | certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee empo | this filing does not qualify | for the exemption | ns contained | d in Chapter 119 same legal effect | . Florida Statutes. It as if made under | I further certify that the is oath; that I am an officer | ntormation or director |
| indicated of the col | ronation or the receiver or trustee empor | vered to execute this repo | as required by | Chapter 60 | 7, Florida Statute | s; and that my nar | ne appears in Block 10 o | Block 11 if |

changed, or on an attachment with an address,

William GRAGE 2-12-08

Barry B