2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000062162 Mar 02, 2000 8:00 am **Secretary of State** INDIAN MOUND CORPORATION 03-02-2000 90004 005 ***150.00 Principal Place of Business Mailing Address C/O KENNETH S. BEALL. ESO 777 SO FLAGLER DR. 777 SO. FLAGLER DR 500 E. SUITE 500 E WEST PALM BEACH FL 33401 W PALM BEACH FL 33401-6121 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0601643 Ngt:Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEALL, KENNETH S Street Address (P.O. Box Number is Not Acceptable) C/O VALDES-FAULI CORPORATE SERVICES, INC 777 SO. FLAGLER DRIVE, SUITE 500 E W PALM BEACH FL 33401 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCHAUMM, HERMAN NAME NAME 777 SO. FLAGLER DR STE 500E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition □ Delete TITLE BEALL, KENNETH S JR NAME NAME STREET ADDRESS 777 SO. FLAGLER DR STE 500E STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete KLEINSCHNITTGER, KARL H NAME NAME STREET ADDRESS 777 SO. FLAGLER DR STE 500E STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

18/00 (561) 650 0507 Datin Davisma Phone #