2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600001145 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name FUTURE DREAMS, INC. 04-21-2000 90046 035 ***150.00 Mailing Address Principal Place of Business 5117 CASTELLO DRIVE 5117 CASTELLO-DRIVE SHITE 1 SUITE 1. NAPLES FL 34133-0279 NAPLES FL 34103 2. Principal Place of Business Wells Blad Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE વિછ0 Applied For 4. FEI Number 65-0653139 Not Applicable \$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 Depriments Noted Babils 1/C AMBURN, JAMES W 5117-CASTELLO-DR. STE: 1 NAPLES FL 34103-8. 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 DATE 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS D TITLE Change TITLE ☐ Delete ZIEGLER-MAYR, MARIA NAME NAME STREET ADDRESS STREET ADORESS 5121 CASTELLO DRIVE SUITE 2 CITY-ST-ZIP CITY-ST-7/P NAPLES FL 33940 □ Delete TITLE MAYR, HEINZ NAME NAME STREET ADDRESS STREET ADDRESS 5121 CASTELLO DRIVE SUITE 2 CITY-ST-ZIP NAPLES FL 33940 CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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

STREET ADDRESS

CITY-ST-7IP

TITLE NAME

SIGNATURE

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3-28-00 941-992-3255 Date Daytime Phone # ☐ Addition

Change