2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P96000001822 DOCUMENT # 1. Entity Name 04-17-2002 90005 011 ***150.00 OFFCOURSE, INC. Principal Place of Business Mailing Address P O BOX 551 131 N. BANANA RIVER DR. MERRITT ISLAND FL 32952 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3352082 Not Applicable Zip Country Zip 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 a chargaran GRIMMNITZ, LOUIS C Street Address (P.O. Box Number is Not Acceptable) 165 ARTEMIS BLVD MERRITT ISLAND FL 32953 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition NAME GRIMMNITZ, LOUIS C NAME STREET ADDRESS 165 ARTEMIS BLVD. STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE BUNTING, ALAN K GB RIVERVIEW LN. NAME NAME BUNTING, ALAN K STREET ADDRESS 25 RIVERVIEW LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH, FL 32931 COCOA BCH. FL 32931 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

JANES DENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR