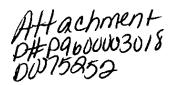
## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9600003018 (4) Jul 28, 2000 8:00 am Secretary of State Virtual Reality Hall, INC , & R 07-28-2000 90151 028 \*\*\*150.00 Mailing Address Principal Place of Business 2421 Bellevue Ave. Daytona Beach, FL 32114 10075252 2. Principal Place of Business 2421 Bellevue Ave DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number itv & State Not Applicable \$8.75 Additional 5. Cértificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Worley, Hobart 2421 Bellevue Ave. Daytona Beach, FC 32114 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its lotangible 10.—Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 # Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE Greenstein, Joel NAME 2421 Bellevue Ave STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32114 CITY-ST-ZIE CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS \_CITY-ST-ZIP CITY-ST-ZIP --[ ] Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition . Change TITLE ☐ Delete TITLE 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: RINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone i

## Virtual Reality Mall, Inc.

2421 Believue Ave. Ext. Daytona Beach, FL 32114



July 17, 2000

Uniform Business Report Division of Corporation P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Our records indicate that we have not yet paid our Corporate Filing Fee, nor have we received a statement. We have moved locations and believe that the statement was lost in the move. Enclosed is a check made to UBS for our-full amount past due. We apologize for the inconvenience and appreciate your patience. Please note our change of address as marked above.

Sincerely,

**Bart Worley**