2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am Secretary of State DOCUMENT # P96000033248 1. Entity Name TALISMAN CATTLE CORPORATION 05-17-2001 91323 016 ***158.75 Mailing Address Principal Place of Business 218 FRENCHMAN'S CREEK WAY 218 FRENCHMAN'S CREEK WAY WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2297621 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 CALLAHAN, RANDALL C Street Address (P.O. Box Number is Not Acceptable) 218 FRENCHMAN'S CREEK WAY WINTER HAVEN FL 33884 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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 12. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition CR2E034 (10/00 TITLE TITI F ☐ Delete CALLAHAN, RANDALL NAME NAME STREET ADDRESS STREET ADDRESS 218 FRENCHMAN'S CREEK WAY CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Addition TITLE Change □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change — ☐ Addition - Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition □ Change ☐ Delete TITLE 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.

PRESIDENT

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Delete

SIGNATUR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

APRIL 27 2001

Change

☐ Addition