FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # P96000076346 1. Entity Name 01-31-2002 90044 031 ***150.00 CALYPSO, INC. Principal Place of Business Mailing Address 927 EAST NEW HAVEN AVE 927 EAST NEW HAVEN AVE SUITE 201 SHITE 201 MELBOURNE FL 32901 MELBOURNE FL 32901 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 59-3402956 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Rautenkranz, Douglas E. RAUTENKRANZ, DOUGLAS E SR. Street Address (P.O. Box Number is Not Acceptable) 7 HIGHLAND DR INDIALANTIC FL 32903 City Indial<u>antic</u> ጀታ ያያሽ 3 anding its registered office or registered agent, or both, in the State of Florida 8. The above nag Rautenkranz 12/31/01 President SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition NAME RAUTENKRANZ, ALICE M NAME STREET ADDRESS 525-B HIGH POINT DR STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP TITLE Delete TITLE Y Change ■ Addition NAME RAUTENKRANZ, DOUGLAS E SR. NAME Rautenkranz, Douglas E., Sr. STREET ADDRESS 7 HIGHLAND DR STREET ADDRESS 138 Ocean Terrace Indialantic, FL 3 CITY-ST-7IP INDIANALANTIC FL 32903 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition NAME RAUTENKRANZ, C. TARA NAME Rautenkranz, C. Tara 138 Ocean Terrace STREET ADDRESS 7 HIGHLAND DRIVE STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP INDIALANTIC FL 32903 Indialantic. TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

321.951.1900 2/31/01

President

of the corporation of the changed, or on an attac

Douglas /E

SIGNATURE: