2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 24, 2003 8:00 am Secretary of State P96000093761 DOCUMENT # 04-24-2003 90243 008 ***150.00 1. Entity Name KALEIDOSCOPE, INC. Principal Place of Business Mailing Address 904 S. WESTRHORE BLVD. 904 S. WESTSHORE BLVD. 20034343 TAMPA FL 33629 TAMPA PL 33629 cipal Place of Business

10 1 BAYSHOKE BLUD-AYSHOKE BLUD ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3415194 Not Applicable \$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 WATKINS, CARL T CPA Street Address (P.O. Box Number is Not Acceptable) 7345 JACKSON SPRINGS ROAD #3 TAMPA FL 33634 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition SINSLEY, HOWARD NAME NAME 904 S. WESTSHORE BLVD. 3301 BAYSHORE BL STREET ADDRESS STREET ADDRESS **TAMPA FL 33629** CITY-ST-ZIP CITY-ST-ZIP / TITLE ☐ Delete TITLE - Change ___.Addition NAME SINSLEY, NINA JANE NAME 904-9 WESTSHORE BLVD 330/ BAYSHORE BU STREET ADDRESS STREET ADDRESS UNIT SO TAMPA FL 33629 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME ? STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

12. Thereby 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 of the corporation or the receiver of trustee employers ocurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director socuted is report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachr

STREET ADDRESS

CITY-ST-7/P

NAME

STREET ADDRESS

CITY-ST-ZIP