Mar 03, 2002 8:00 am Secretary of State

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DOCUMENT #

1. Entity Name LEEHAM, INC.

Principal Place of Business 415 CHICKASAW TRAIL ORLANDO FL 32825

Mailing Address

5333 VINELAND RD ORLANDO FL 32811

3. Mailing Address

2. Principal Place of Business

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

2002 UNIFORM BUSINESS REPORT (UBR)

P97000027363

Country

6. Name and Address of Current Registered Agent

Country

4. FEI Number

5. Certificate of Status Desired

59-3445041

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

(NOTE: Registered Agent signature required when reinstating)

DATE

Zin Code

\$8.75 Additional

Fee Required___

Applied For

Not Applicable

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.

Zip

WALJI, NARGIS

5333 VINELAND RD ORLANDO FL 32811

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE WALJI, NARGIS NAME NAME STREET ADDRESS 11940 REEDY CREEK DR., #102 STREET ADDRESS ORLANDO FL 32836 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ 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.