2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000044093** May 08, 2000 8:00 am Secretary of State TMAN GLOBAL.COM, INC. 05-08-2000 90077 044 ***150.00 Principal Place of Business Mailing Address 1000 UNIVERSAL STUDIOS PLAZA 1000 UNIVERSAL STUDIOS PLAZA BLDG #22 BLDG #22 ORLANDO FL 32819-7601 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0782227 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRAMONTANO, RON J Street Address (P.O. Box Number is Not Acceptable) 1000 UNIVERSAL STUDIOS PLAZA **BLDG #22** ORLANDO FL 32819 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CCEO Change ☐ Addition TITI F ☐ Delete TITLE INTERDONATO, TONY NAME NAME 1000 UNIVERSAL STUDIOS PLAZA, BLDG #22 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ORLANDO FL 32819 CITY-ST-ZIP Addition ☐ Delete Change TITLE TRAMONTANO, RON J NAME STREET ADDRESS STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA, BLDG #22 CITY-ST-ZIP ORLANDO FL-32819 CITY+ST-ZIP_ ☐ Addition ☐ Delete TITLE TITLE VALLI, RONALD NAME NAME 1000 UNIVERSAL STUDIOS PLAZA, BLDG #22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that 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 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 13. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment SIGNATURE: Daytime Phone