2003 FOR PROFIT CORPORATION

Mar 20, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000053292 DOCUMENT # 1. Entity Name 03-20-2003 90105 041 ***158.75 PANTHER VIEW, INC. Principal Place of Business Mailing Address 16301 PHIL RITSON WAY 16301 PHIL RITSON WAY 20026749 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3456298 Not Applicable Zip Country Country Zip \$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 RITSON, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 16301 PHIL RITSON WAY **WINTER GARDEN FL 34787** 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 Trust Fund Contribution. Added to Fees SMake Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GLENN, GORDON S NAME 1809 SYCAMORE PLACE STREET ADDRESS STREET ADDRESS MC KINNEY TX 75070 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ISAYAMA, CHIYO NAME STREET ADDRESS 10214 CHILTERN GARDEN DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32827 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOOFBURROW, JOHN NAME STREET ADDRESS 815 STANDISH AVENUE STREET ADDRESS CITY-ST-ZIP WESTFIELD NJ 07090 CITY-ST-ZIP TITLE DST ☐ Delete TITLE ☐ Change ☐ Addition PASSILLA, JAMES P NAME NAME STREET ADDRESS **516 BUTLER STREET** STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME RITSON, MICHELLE NAME 16301 PHIL RITSON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RITSON, PHILIP V NAME

12. 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 pains appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

16301 PHIL RITSON WAY

WINTER GARDEN FL 34787

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

3-72-03

FILED

CR2E034 (10/02)