2004 FOR PROFIT CORPORATION

Apr 28, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P97000055212 1. Entity Name 04-28-2004 90251 021 ***158.75 TELANTIS GROUP CORPORATION Principal Place of Business Mailing Address 791 WYE ROAD 2180 IMMOKALEE RD **AKRON OH 44333** NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0781989 Not Applicable Zip Country Zip Country \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. P. D. V.P., S TITLE ☐ Delete TITLE ☐ Change Addition MEYERSON, ROBERT F NAME NAME ADAM H. MEYERSON STREET ADDRESS 791 WYE RD STREET ADDRESS 791 WYE RD CITY-ST-ZIP **AKRON OH 44333** CITY-ST-7IP AKRON, OH 44333 DPCT **☒** Delete TITLE ☐ Change Addition TITLE ELINOR M. CULOTTA GABRIEL, GERALD J NAME NAME 791 WYE RO 791 WYE RD STREET ADDRESS STREET ADDRESS **AKRON OH 44333** CITY-ST-7IP CITY-ST-7IP AKRON, OH 44333 Change TITLE **EVPS D**elete ☐ Addition TITLE NAME NAME -CSISZAR, ALEX-L STREET ADDRESS STREET ADDRESS 791 WYE RD CITY-ST-7IP AKRON OH 44333 CITY-ST-ZIP **DEVS** ☐ Change Addition TITLE Delete CHAMBERS, GREGORY J NAME NAME 791 WYE RD STREET ADDRESS STREET ADDRESS AKRON OH 44333 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Chance ☐ Addition TITLE ☐ Delete NAME 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 name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all either like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-ST-7IP

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED