2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # **P97000056042** 1. Entity Name DOLPHIN ADVENTURES, INC. 05-09-2000 90086 035 ***150.00 Principal Place of Business Mailing Address 830 SIESTA DR 830 SIESTA DR SARASOTA FL 34231 SARASOTA FL 34242-1054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number "NOT-APPLICABLE. ----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 DUFFUS, MARY A Street Address (P.O. Box Number is Not Acceptable) 830 SIESTA DR SARASOTA FL 34231 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition DUFFUS, MARY ANNE NAME NAME STREET ADDRESS 830 SIESTA DR Ę STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition COONEY, TOM NAME NAME STREET ADDRESS 830 SIESTA DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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.

CONTINUE MANAGEMENT & MACHINA FORCE 1/2000 00000