2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am DOCUMENT # P9700089698 Secretary of State 1. Entity Name S.E.A. SOFTWARE CORP. 02-20-2001 90053 024 ***150.00 Mailing Address Principal Place of Business 757 SE 17TH STREET. #437 757 SE 17TH STREET. #437 FT. LAUDERDALE FL 33316 ビュロマぶる FT. LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0818712 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEISSMAN-BERMAN, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 1350 RIVER REACH DR., #308 RIVER REACH DR. # 312 FT. LAUDERDALE FL 33315 City Fr Zip Code LAUDERDALE 33316 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ∏ Addition TIT! F ☐ Delete TITLE NAME WEISSMAN-BERMAN, DEBORAH 1350 RIVER REACL DR., # 312 STREET ADDRESS STREET ADDRESS 1350 RIVER REACH DR., #308 FT. LAUDERDALE, FL 533 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33315 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition | Delete_ TITLE TITLE NAME ÑĂME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 Addition Change ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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.

SIGNATURE: