2001 UNIFORM BUSINESS REPORT (UBR) Feb 13, 2001 8:00 am DOCUMENT # P97000090722 **Secretary of State** ZETA CORPORATION 02-13-2001 90015 001 ***150.00 Principal Place of Business Mailing Address 7336 BUTHSRUS DR 1628 W 1ST AVE SUITE 101 919302 SCOTTSDALE AZ 85260 VANCOUVER BC V6J-1-1 CA 2. Principal Place of Business 3. Mailing Address Avenue <u>628</u> Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 58-2349413 Not Applicable lancouver Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 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) 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITI F Delete TITLE Dhaliwal, Harvinder FINKELSTEIN, KEN NAME NAME 216-1628 West 1st Avenue STREET ADDRESS 219-1626 W 1ST AVE STREET ADDRESS CITY-ST-ZIP VANCOUVER RC V6J-1-1 CITY-ST-ZIP Vancouver B.C. V6H-3T3 Delete TITLE ☐ Addition TITLE GAMACHE, DAVID NAME NAME - 16 28 West STREET ADDRESS 6805 SUNDANCE TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVERSIDE CA 92506** PD --TITLE Detete RAYAT, HARMEL NAME 216 - 1628 W FIRST AVENUE STREET ADDRESS STREET ADDRESS VANCOUVER, BC, V6J-1011 CA CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ∑ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information indicated on this report or supplem oper pt qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curake and that my signature shall have the same legal effect rus if made under oath; that I am an officer or director legate this report as required by Chapter 607, Florida Statuter; and that my name appears in Block 11 or Block 12 if upplied with this filing dog ntal report is true and of the corporation or the receiver of changed, or on an attachment will e empowered.

DR DIRECTOR

SIGNATURE: