2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000095952 DOCUMENT # 1. Entity Name FANTASY HOLIDAYS, INC.



FILED Sep 11, 2003 8:00 am Secretary of State

09-11-2003 90086 024 ***558.75

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Principal Place of Business 1411 US HWY #27 SOUTH CLERMONT FL 34711 US			1411	Mailing Address 1411 US HWY #27 SOUTH CLERMONT FL 34711 US								
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 59-3533744 Applied For Not Applicable				
. Zip		Country	Zip		Cour	Country 5.		Certificate of Status Desired	\$8.75 Fee Re	5 Add	ditional	
-	6. Name	and Address of Curre	nt Registere	ed Agent	J	1	7.	Name and Address of New Reg				
ANDARG	E, FOZIA M				· · · · · ·			TAY - KAPU	R	-	ی د سر	
1510 E. COLONIAL DR., STE. 304W						Street Address (P.O. Box Number is Not Acceptable) 1411 US ##WY # 27 SOUTH						
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the obligat	tions of regist	r submits this statemen ered agent.		pose of changing its	register	ed office or re	gistered aç	gent, or both, in the State of Floric	la. I am familiar	with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	· -		E: Registere	d Agent signature	required when r	reinstating)	DATE			
· After Se	ptember 10,	FEE IS \$550.00 2003 Fee will be \$7 Florida Department						Election Campaign Finar Trust Fund Contribution.	· - ·		0 May Be I to Fees	
10.		OFFICERS AN	ID DIRECTO	PRS	11.		Α[DDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TOR	3 IN 11	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	1411 US I	GM Delete APUR, VIJAY 411 US HWY #27 SOUTH LERMONT FL 34711		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ch:	ange	☐ Addition	
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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 other like empowered.

SIGNATURE:

ZSX-XAZ-6557

attachment

90155073 #P97000095952

FANTASY HOLIDAYS INC.

5824 MAIN STREET, NIAGARA FALLS, ON L2G 5Z5 CANADA Tei: 905-354-1040 ** Fax: 905-354-4850 1411 US HWY # 27 SOUTH, CLERMONT, FL. 34711 U.S.A. Tei: 352-243-6551 ** Fax: 352-243-6541 SUITE 258, 3359-27 STREET, N.E., CALGARY, AB CANADA T1Y 5E4 Tei: 403-519-4905 ** Fax: 403-274-2610

Sept 04,2003

Florida Department of State Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

The Administrator,

Re: FEI Number 59-3533744

Enclosed please find a Uniform Business Report Document # P97000095952 as required. I am also forwarding a check #0271 in the amount of \$558.75 drawn on Sun Trust Bank.

I have one question to clarify, please note that I have another FTID # 980228102 is this the different than the above number. I do not want to see any duplication on this account. Please forward to me the Certificate of Status on my account.

Do you also accept the Canadian Mailing address if I wish to use or Not? Since I am a Canadian Citizen and reside in Canada most of the times.

Thanking you in anticipation.

Sincerely yours,

Vijay Kapur General Manager