2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P98000008353 SEADVENTURES INC. 04-30-2001 90045 007 ***158.75 Principal Place of Business Mailing Address 25300 SW 202 AVE 25300 SW 202 AVE HOMESTEAD FL 33031 HOMESTEAD FL 33031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0812619 Not Applicable Z[:]p Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALLANT, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 25300 SW 202 AVE HOMESTEAD FL 33031 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 Fiorida SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change CR2E034 (10/00 TITLE Delete TITLE Addition NAME GALLANT, RICHARD A NAME STREET ADDRESS STREET ADDRESS 25300 SW 202 AVE CITY-ST-7IP CITY - ST - ZIP HOMESTEAD FL 33031 TITLE ☐ Delete TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P TITL 5 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAMS STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OLEY - ST - ZIP CITY-ST-ZIP 13. Thereby 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.

Richard A. Gallant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001

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