2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000014686 May 08, 2000 8:00 am 1. Entity Name Secretary of State TEMPUS MARKETING INTERNATIONAL, INC. 05-08-2000 90047 040 ***158.75 Principal Place of Business Mailing Address 5259 WEST OAKRIDGE RD. 7380 SAND LAKE RD ORLANDO FL 32819-9408 **STE 600** ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business 7380 sand take Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 5te. 600 City & State 4. FEI Number Applied For City & State 59-3499363 FL orlando Not Applicable _ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 32819 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change : ☐ Addition Delete TITLE TITLE Roger Farwell FAREWELL, ROGER NAME NAME 7380 Sand Lake Rd., Ste. 600 5259 W OAKRIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP orlando, FL 32819 ORLANDO FL 32819 CITY-ST-ZIP Delete ☐ Change TITI F TITLE Alfred C. Trivilino FARWELL, ROGER NAME NAME 7380 Sand Lake Rd. Ste 600 7380 SANDLAKE RD STE 600 STREET ADDRESS STREET ADDRESS orlando, FL 32819 ORLANDO FL 33819 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE RAINEY, ALAN A NAME NAME 7380 SANDLAKE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP Addition TITI F Delete RAINEY, ALAN R NAME 5259 W OAKRIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OF SIGNING OFFICER OF DIRECTOR Date Date Dayme Phone #