2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am & Secretary of State DOCUMENT # P98000014686 1. Entity Name · TEMPUS MARKETING INTERNATIONAL, INC. Mailing Address Principal Place of Business 7380 SAND LAKE RD 7380 SAND LAKE RD STE 600 STE 600 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3499363 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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, 2002 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. 12 Addition TITLE ` \sim , ☐ Defete TITLE ☐ Change NAME FARWELL, ROGER NAME STREET ADDRESS STREET ADDRESS 7380 SAND LAKE RD. STE 600 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME FARWELL, RÖGER STREET ADDRESS STREET ADDRESS 7380 SANDLAKE RD STE 600 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 33819 Addition ☐ Change TITLE Delete TITLE VSTD------Stuart Koenia NAME NAME TRIVILLNO, ALFRED C a manhattanville Road STREET ADDRESS STREET ADDRESS 7380 SAND LAKE RD STE 600 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Purchase, NY ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplies 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 of oppositions in the first 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 tystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE: