📆 2000 UNIFORM BUMINESS REPORT (UBR) DOCUMENT # P98000016227 FILED 1. Entity Name 00 APR 26 AM 10: 13 OCEANDREAM LIMITED, CORPORATION SECRETARY OF STATE TATEARASSEE. FLORIDA Principal Place of Business Mailing Address 201 E PINE ST. SUITE #601 201 E PINE ST. SUITE #601 ORLANDO FL 32801 ORLANDO FL 32801-2729 2. Principal Place of Business 3. Mailing Address <u> East PinemStreet</u> East Pine Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 600 Suite 600 Applied For City & State City & State 4. FEI Number 59-3490802 Not Applicable Florida F1orida Orlando, <u>Orlando,</u> Country \$8.75 Additional Country Zip 5. Certificate of Status Desired \Box Fee Required 32801 32801 U.S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Grelecki, Richard T.</u> HATCHER, ANDREW III Street Address (P.O. Box Number is Not Acceptable) 201 East Pine St., Suite 600 201 E PINE ST, SUITE #601 ORLANDO FL 32801 Zip Code City FL 32801 Orlando, 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 (NOTE, Registered Agent signature required when reinstating egistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Flection Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. 12. Change TITLE ☐ Delete FERGUSON, ANTHONY R NAME 100003228301-STREET ADDRESS 201 E PINE ST, SUITE #601 STREET ADDRESS -04/28/00--01040--001 ****832.50 ****150.1 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Delete TITLE Addition TITLE FARQUHARSON, PATRINA NAME NAME 201 E PINE ST, SUITE #601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the interest and that my signature shall have the same legal effect as if made under oath; that I am an officer or director were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this

indicated on this report or supplemental report is/frue 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTID NAME OF SIGNING OFFICER OR DIRECTOR
FERGUSOR, Anthony R

4/4/2000

Daytime Phone #