FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90167 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066105

1. Entity Name
SKYMAR INTERNATIONAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
733 WEST COLONIAL DRIVE ORLANDO, FL 32804	733 WEST COLONIAL DRIVE ORLANDO, FL 32804

2. Principal Place of Business	3. Mailing Address
700 W. VINE ST	700 W. VINE ST.
Suite, Apt. #, etc.: SUITE 101	Suite, Apt. #, etc.: SUITE 101
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL.
Zip: 34741 Country: OSCEOLA	Zip: 34741 Country: OSCEOLA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3523514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHMICH, NORA
427 EAST TARPON AVENUE
TARPON SPRINGS, FL 34688

7. Name and Address of New Registered Agent
Name: BEN LERNER
Street Address (P.O. Box Number Is Not Acceptable): 700 W. VINE ST SUITE 101
City: KISSIMMEE FL Zip Code: 34741

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/28/03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD LERNER, BENJAMIN S P.O. BOX 422406 KISSIMMEE, FL 34742	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROLIMAND, ALEX 733 W. COLONIA DRIVE ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCHMIDT, NORA 427 E TARPON AVE TARPON SPRINGS, FL 34688	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)