2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P98000078720

DOCUMENT #

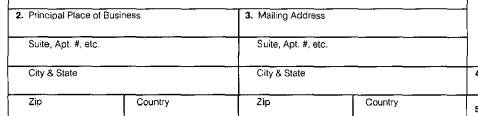
1. Entity Name

DREAMTHEME, INC.

Principal Place of Business 4917 HARTFORD ST **TAMPA FL 33619**

Mailing Address

4917 HARTFORD ST **TAMPA FL 33619**



6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.



04-15-2003 90097 043 ***150.00



DATE

DODD, DAVID E SR 4917 HARTFORD ST **TAMPA FL 33619**

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Than and real too of their registered rigent					
Name					C Marie
Street Address (P.O	. Box Number is Not	Acceptable)			
			41-	•	
City			FL	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. I am familiar with, and accept The obligations of registered agent. SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Change : ☐ Addition DODD, DAVID SR NAME NAME STREET ADORESS 1315 ALHAMBRA STREET ADDRESS APOLLO BEACH FL 33572 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change DODD, DAVID JR NAME NAME STREET ADDRESS 5841 BENT GRASS DRIVE STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP TITLE 🗻 🗔 Delete TITLE Change Addition NAME DODD, ELIZABETH NAME STREET ADDRESS 1315 ALHAMBRA STREET ADDRESS CITY-ST-ZIP APOLLO BEACH FL 33572 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change → ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIT! F TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

Daytime Phone #