

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90316 038 ***150.00

DOCUMENT # P98000080618

1. Entity Name

DADADEW INC.

Principal Place of Business

Mailing Address

903 1/2 N. MURFRE ST 236 MERIDIANA DR
 TALLAHASSEE FL 32303 TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

1000 W. THARPE ST 236 MERIDIANA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 19

DO NOT WRITE IN THIS SPACE

City & State

City & State

Tallahassee FL

Tallahassee FL

4. FEI Number

59-3533084

Applied For

Not Applicable

Zip

Country

Zip

Country

32303

USA

32312

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAIN SARATKUMARI
 236 MERIDIANA DR.
 TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Saraj Jain

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

(NOTE: Registered Agent signature required when reinstating)

4/29/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME D
 STREET ADDRESS JAIN SARATKUMARI
 CITY-ST-ZIP 236 MERIDIANA DR
 TALLAHASSEE FL 32312

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

Saraj Jain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 (550) 681-7062

Date

Daytime Phone #