2002 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 06, 2002 8:00 am

DOCUMENT #P990010010 V 1. Entity Name International Adventure Network, Inc.					. Secretary of State 05-06-2002 90063 016 ***150.00		
DO NOT WRITE IN THIS SPACE							
2. Principal	Place of Business	3. Mailing Address			· ·		
	Inion Street		1017 Union Street				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Clearwater, FLorida		City & State Clearwater, Florida		orida	4. FEI Number 65 -0892059	Applied For Not Applicable	
^{Zip} 33 75	Country U.S.A.	^{Zip} 33755	Coun		5. Certificate of Status Desired \$8.7	5 Additional Required	
- particular and - particular and a real par					7. Name and Address of Current Registered Agent		
DO NOT WEET				Steven Broth			
DO NOT WRITE				Street Address (dress (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				1017 0	1017 Union Street		
				City -		- 0-1-	
				Clearn	Clearworder FL Zip Code 455		
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 product product or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE OATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - Ma After May 1 Amended Make Check Payable				s \$550.00 s \$61.25	Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS					
TITLE NAME	President Simon Swain		TITLE	ì	•		
STREET ADDRESS	In Au Chark Drive		NAME	T ADDRESS	RESS .		
CITY-ST-ZIP	Brandon, FL 33511		CITY-	· 1			
TITLE	Vice President		TITLE				
NAME .	Steven T. Booth		NAME	<u> </u>			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			
TITLE	Gearmater, Fo	<u> 33755</u>	-				
NAME			NAME		ر د د د د د چې د دروند د و چې د . د دروند د د د د د د د د د د د د د د د د د د 		
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CITY-ST-ZIP	ZIP			ST-ZIP	DO NOT WRITE		
TITLE			TITLE		IN THIS SPACE		
STREET ADDRESS			NAME STREE	f ADDRESS	III IIIIO OI AOL		
CITY-ST-ZIP				ST-ZIP		1	
TITLE			TITLE		*		
NAME		NAME					
STREET ADDRESS CITY-ST-ZIP			STREE	F ADDRESS			
TITLE			TITLE	A CII		· · · · · · · · · · · · · · · · · · ·	
NAME			NAME				
STREET ADDRESS	•		STREET	ADDRESS			
CITY-ST-ZIP			CITY-S				
rs. Thereby o	certify that the information supplied with the	is tiling does not qualify for t	he exem	ption stated in Sec	ction 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven T. Booth 4/22/03 (727) 409-4645