2003 FOR PROFIT CORPORATION

Apr 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000017525 04-17-2003 90610 012 ***150.00 1. Entity Name OUR SEA MANAGEMENT, INC. Principal Place of Business Marling Address 130 CYPRESS CLUB DRIVE, UNIT 331 130 CYPRESS CLUB DRIVE, UNIT 331 PONPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 Pomemo Beach F 1660 NE 26th wy Pompens Beach FL. 3. Mailing Abdress 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Numbe 65-0899057 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASSIDY, KENNETH G 130 CYPRESS CLUB DRIVE, UNIT 331 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33060 1663 NE 2657 Way 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 . Signature, typed or printed name of registered agent and tide if applicable DATE FILE NOW II 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 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE , PTD ☐ Delete TITLE Change Addition CRZE034 (10/02 NA MF CASSIDY, KENNETH G NAME 1660 NE ZLTA WAY 130 CYPRESS CLUB DRIVE, UNIT 331 STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33060 CITY-ST-2IP CITY-ST-ZIP Pompono Beach FL 37062 TITLE VSD 🔲 Dekete TITLE Change ■ Addition CASSIDY, LINDA F NA MF NAME 1660 NE Z6th Way STREET ADDRESS 130 CYPRESS CLUB DRIVE, UNIT 331 STREET ADDRESS POMPANO BEACH, FL 33060 Pompono Beach FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME MALLE STREET ADDRESS STREET ADDRESS City-St-78 CITY-ST-21P TITLE ☐ Delete TITLE 🔲 Ç bange ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP TITLE Delete TITLE ☐ Change notinh NAMÉ NAMÉ STREET ADDRESS STREET ADDRESS CITY-51-ZIP C#Y-S1-2IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CffY-ST-7/P

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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.

FILED