FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900019076 1. Entity Name LARGER THAN LIFE, INC.				Mar 22, 2001 8:00 am Secretary of State 03-22-2001 90035 003 ***150.00			
Principal Plac 5116 MYSTIC F ORLANDO FL 3	POINT COURT	Mailing Address 5116 MYSTIC POINT COURT ORLANDO FL 32812			734000		
2. Principal Place of Business 6609 Frankonia Dr. Suite, Apt. #, etc.		3. Mailing Address 6609 FVanconia Dr. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	e Isk FL	City & State Belk Isle	FL	4. FEI	Number 59-3566117	No	plied For t Applicable
3281	2 Country	32812	Country US	5. Cer	tificate of Status Desired	\$8.75 Add Fee Required	litional d
	6. Name and Address of Current Re	egistered Agent	Name	7. Nar	ne and Address of New Registe	ered Agent	
LARGE, RONALD B 5116 MYTSTIC POINT COURT ORLANDO FL 32812				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	9
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable.) Signature			01 Fee will be \$550.00		10. Election Campaign Financin Trust Fund Contribution.		0 May Be to Fees
11.	OFFICERS AND DI	RECTORS	12.	ADDI	TIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGE, RON 5116 MYSTIC POINT COURT ORLANDO FL 32812	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	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
indicated of the cor	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empow, or on an attachment with an address, wit	ue and accurate and that me ered to execute this report :	ly signature shall have the	e same leg	al effect as if made under oath; t	hat I am an officer	or director

SINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _