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FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91594 039 ***158.75

DOCUMENT # P99000022602

. Entity Name
Minds Combined Inc.

552261

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2579 Forsyth Rd. Suite B Winterpark FL. 32792	2560 Woodgate blvd. Unit 202 Orlando, Fl. 32822

Principal Place of Business	3. Mailing Address
2579 Forsyth Rd. St.-B	2560 Woodgate Blvd. Unit 202
Suite, Apt. #, etc. St. B	Suite, Apt. #, etc. 202
City & State Winter Park, Fl	City & State Orlando, FL
Zip 32792 Country USA	Zip 32822 Country USA

4. FEI Number 59-3587819 ☐ Applied For ☐ Not Applicable

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
	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
CEO Davone Williams 2560 Woodgate blvd. Unit 202 Orlando, Fl. 32822 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
President Frank J. Prince 2560 Woodgate blvd Unit 202 Orlando, FL 32822 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
CFO Juan B Pombo III 1797 Magva Dr. Longwood, FL 32779-3105 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (11/00)

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: Frank J. Prince 05/01/01 (407)3802864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #