2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P99000036956 LET'S - MAKE A DARQUIRI AT THE 05-23-2000 90197 049 ***158.75 DOLPHN, INC. Principal Place of Business Mailing Address กออฮบอ 3. Mailing Address 2. Principal Place of Business 40 Suite, Apt. #, etc Suite Apt. # etc. DO NOT WRITE IN THIS SPACE — 100 100 Applied For Not Applicable DADE \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RARNE 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 FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) Change ☐ Addition TITLE TITLE Delete PARKER L. BARNES DK. NAME NAME 401 Biscayne Blod ms 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami Fl 33132 CITY-ST-7IP Addition TITLE Delete TITLE Change A. BARNIT NAME 401 Biscayne Blad MS100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami F1 33132 ce-President ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME mes J. Keane J STREET ADDRESS STREET ADDRESS Biscayne Blud. MS 100 CITY-ST-ZIP CITY-ST-ZIP vice-President ☐ Change ☐ Addition TITLE TITLE ☐ Delete hn C. Hall NAME NAME 401 BISCAYNE BING MS 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami F1 33132 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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: reasurer