2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P99000051109 KOMM MIT-DEUTSCHE TOUREN, INC. 05-08-2000 90066 045 ***150.00 Principal Place of Business Mailing Address 2100 MAIN STREET -2198 MAIN STREET -SARASOTA FL 94297-0024 951906 SARAGOTA FL 34287 2. Principal Place of Business 6694 5th Ave 3. Mailing Address 6694 5th Ave N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. St. Peters burg Applied For 4. FEI Number City & State 65-0928394 Not Applicable St. Petersburg \$8.75 Additional 5. Certificate of Status Desired П 33710 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAENSCH, P. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) -2198 MAIN STREET SARASOTA FL-34237-Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete · TITLE Change TITLE THIEL, RALF 6694 5th AVE N #1 THIEL, RALF NAME NAME RICHARD-WAGNER-STR. 6 08112 WILKAU-HASSLAU STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FLORIDA, 33110 CITY-ST-ZIP CITY-ST-ZIP **GERMANY** ☐ Addition ☐ Delete TITLE TITLE THIEL , ANKE THIEL, ANKE NAME 6694 5th AVE N #1 RICHARD-WAGNER-STR. 6 08112 WILKAU-HASSLAU STREET ADDRESS STREET ADDRESS GERMANY CITY-ST-ZIP ST PETERS BURG, HORIDA, *33* 710 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME ŇAMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Delete TITLE ΠπE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #