FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Pg 10 = 2

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # 1. Entity Name Time Passages Inc 03 MAY 12 AM 9: 12 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Escamin 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. (NOTE: Registered Agent signature required when rein January 1 - May 1 Fee is \$150:00 After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE TITLE NAME NAME 3317 Ballwood Ln STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 600018690196 NAME NAME 057/12/03=-01011--010 **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE SHAME STANDAY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLANS TO PLEASE THE DELLE TO STAND PROPERTY OF PROPERTY OF

CITY-ST-ZIP

CR2E034B (12/02)

1 D 1 lime tassages Inc. Mrs. Frank R. Parkhurst, III I have just spoken with Ms. Michelle Milligan of the Division of Corporations and Lave been requested to write the following in order to clearup a matter: I did not receive a 2002 Victoria Business Report or a reflection letter in may of 2000. The letters, according to Mrs. Millican were maile to 111 Country Club Rd Densacola: We moved from there in August of 2001, and as I have subsequently learned, after a period of time, my mail was not forwarded any more. I also regrest that you waive any peralty Lees. I amenclosino two checks to taling \$300, per her