2001 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam SAMAND		P99000	0078149		(A)	S	ecretary 19-17-2001 900	y of Sta	te
Principal Place 2050 UNIVER 3 JACKSONVILL			Mailing Address 1534 WINDHAVEN DR. E. JACKSONVILLE FL 32225						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 2050 UNIVERSITY BIVD. Suite, Apt. #, etc. 3			DO NOT WRITE IN THIS SPACE			
City & Stat	Countr	у	City & State Zip 3771/	Country WSA		FEI Number Certificate of St	59-3607684 atus Desired [<u> </u>	
1534 WIN	6. Name and Add SAMUEL L IDHAVEN DR E. IVILLE FL 32225	SAMU ZOSO	GEL I BAN MINIVERSIT PL 32ZM	Name Street Street City		7. Name and Add	ress of New Regis	FL Zip Code	
SIGNATURE 9. This corpo Tax filing	Signature, typed or printed na pration is eligible to sal requirement and elects ria on back)	me of registered agent and		Registered Agent sign !! FEE IS \$55 , 2001 Fee will	0.00 be \$750.00	10. Election		DATE	O May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, SAMUEL 1534 WINDHAVEN JACKSONVILLE F	DR E.		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		(NGES TO OFFICER	S AND DIRECTORS Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNTING, AMANE 1534 WINDHAVEN JACKSONVILLE F	I DR E	☐ Delete	TITLE NAME STREET ADDRESS COTY-ST-ZIP	1		ينيت مستعمرية بالإيار	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KENS 8024 SOUTHSIDE JACKSONVILLE F	BLVD APT 247	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	Addition
indicated of the cor	on this report or supple poration or the receive	lemental report is tra er or trustee empowa	is filing does not qualify for ue and accurate and that me ered to execute this report a all other like empowered.	the exemption s ny signature shal as required by C	tated in Secti I have the sai hapter 607, f	ion 119.07(3)(i), Flome legal effect as Florida Statutes; an	orida Statutes. I furth if made under oath; id that my name app	ner certify that the in that I am an officer bears in Block 11 or	formation or director Block 12 if

Date

SAMANDA INC.

2050 UNIVERSITY BLVD.N JACKSONVILLE FLORIDA 32211

Phone (904)610-5246 Fax (904)762-9566

September 12, 2001

UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE, FL 32302

TO WHOM IT MAY CONCERN,

80006449 299000078149

— Information regaurding the mailing errors and or corresponding elements between the two of us have been reconciled and hopfully this type of problem won't occur in the future. please disregaurd any late fee and or fees due to this unfortunate mishap. If you have any questions pertaining to the nature of this statement please feel free to contact us at the number provided above. SAMANDA INCORPORATED and its affiliates thanks you

Sincerely,

SAMUEL L. BANKS