2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **P99000078426** RHINOPORT.COM, INC. 04-10-2000 90012 047 ***150.00 Principal Place of Business Mailing Address 838 PARK LAKE CIRCLE #20 838 PARK LAKE CIRCLE #20 MAITLAND FL 32751 MAITLAND FL 32751-6341 2. Principal Place of Business 3. Mailing Address 1445 Dolgner Place Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required reminule 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 1400 W FAIRBANKS AVE SUITE 204 Trovillion Avenue WINTER PARK FL 32789 32789 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 (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN,11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE MEINIG. STEPHEN NAME NAME STREET ADDRESS 735 CANDLER LANE #1107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28217 Mailland AL 32751 Delete Addition TITLE LAZENBY, GEORGE T NAME STREET ADDRESS 735 CANDLER LANE #1107 STREET ADDRESS CITY-ST-ZIE CHARLOTTE NC 28217 CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 withan address, with all other like empowered.

ITED NAME OF SIGNING OFFICER OR DIRECTO