FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # P99000043869 1. Entity Name P2 ODYSSEY ENT. INC. 04-14-2001 90029 013 ***150.00 Principal Place of Business Mailing Address 4848 NW 6TH CT. 4848 NW 6TH CT. PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0920024 Not Applicable Zip. _ _ _ Country Zip _Country-\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEIR, PAUL Street Address (P.O. Box Number is Not Acceptable) 4848 NW 6TH CT. PLANTATION FL 33317 Zip Code this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submi-SIGNATURE ne of gistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS CR2E034 (10/00) Delete TITLE ☐ Change ☐ Addition TITLE WEIL, PAUL NAME NAME STREET ADDRESS 4848 NW 6TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 TITLE Change ☐ Addition Delete TITLE ADDISON, PATSY NAME NAME STREET ADDRESS STREET ADDRESS 4848 N W 6TH CT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 trusted 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 appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 154-989-1888