2000 UNIFORM BUSINESS REPORT (UBR)

RICHARD J. SPOCK, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED DOCUMENT # **P98000089686** May 22, 2000 8:00 am 1. Entity Name Secretary of State ACTION ENGLISH, INC. 05-22-2000 90035 020 ***150.00 Mailing Address Principal Place of Business 0 2455 S. CLAYTON ST. 2455 S. CLAYTON ST. **DENVER CO 80210-5419** DENVER CO 80210 3. Mailing Address 2. Principal Place of Business 630 E Vine DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc. 4. FEI Number - 1 59-354 1023 Applied For City & State City & State ドし Not Applicable ISSIMM Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSCHEL, ROBERT D JR. Street Address (P.O. Box Number is Not Acceptable) 630 E. VINE ST. KISSIMMEE FL 34744 Zip Code City FL 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change ☐ Delete TITL F TITLE SPOCK, RICHARD J NAME AV.ATLANTICA 1910, RIO DE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JANEIRO, BRAZIL ☐ Change ☐ Addition TITLE 🔀 Delete TITLE BEMSKI, PETER C NAME NAME STREET ADDRESS STREET ADDRESS 2455 S. CLAYTON ST. CITY-ST-7IP CITY-ST-ZIP **DENVER CO 80210** ☐ Addition _ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete TITLE 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.

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