2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 423558 **DOCUMENT #**

CITY-ST-ZIP

SIGNATURE:

EARL SCHEIB OF FLORIDA, INC.								04-16-2003 90107 018 ***150.00					
Principal Place of Business 15206 VENTURA BLVD. SUITE 200 SHERMAN OAKS CA 91403			Mailing Address 15206 VENTURA BLVD. SUITE 200 SHERMAN OAKS CA 91403										
2. Principal F	Place of Busin	ess	3. Mailing Address							11111 1111 1 111 1		foll fifth (64)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State			-		4. FEI Number 95-2814902			<u> </u>	oplied For of Applicable	
Zip Country			Zip Coun				5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
	J				1	Name							
CORPORATION SERVICE COMPANY													
1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)							
	"				_								
SUITE 109	5											j	
TALLAHAS	SSEE FL 32	301-2525				City	<u> </u>			FL	FL Zip Code		
	named entity	submits this statement fored agent.	or the purpo	se of changing its re	egistered o	office or	registere	d agent, or both	, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE		or printed name of registered agen	and title if applic	able. (NOTE: I	Registered Ag	jent signatu	re required v	when reinstating)		DATE		 -	
	ILE NOW!!	FEE IS \$150.00			•								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									ction Campaign F st Fund Contribut	· -		May Be to Fees	
10.		OFFICERS AND		<u> </u>	11.			ADDITIONS/O	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11.	
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NAME		CHRISTIAN K		□ Delete	NAME			ENT, CHRI	CTTAN P		(A) Change	Addition	
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Apr 16, 2003 8:00 am Secretary of State

FILED

(818)981-9992

Daytime Phone #

04-11-03

Date

TREASURER

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 final 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 of trustee empowered to expute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all sthe like empowered.