2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003
Secretary of State

DOCUMENT# 716895

Entity Name: VENICE VIKINGS INC

Current Principal Place of Business:

PINEBROOK ROAD
VENICE, FL 34282 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1702
VENICE, FL 34285

New Mailing Address:

FEI Number: 23-7368554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, KATHRYN
830 BRENTWOOD DRIVE
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DERO, RICH	
Address:	108 E. AURORA STREET	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	BARTRAM, LORI	
Address:	808 E. BAFFIN DRIVE	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	HAZELTINE, MICHELLE	
Address:	2695 CURRY LANE	
City-St-Zip:	NOKOMIS, FL 34295	
Title:	T	( ) Delete
Name:	WALKER, KATHRYN	
Address:	830 BRENTWOOD DRIVE	
City-St-Zip:	VENICE, FL 34292	
Title:	T	( ) Delete
Name:	JANSEN, SUSAN	
Address:	2814 NORWOOD LANE	
City-St-Zip:	VENICE, FL 34292	
Title:	T	( ) Delete
Name:	HANKS, JIM	
Address:	708 CAPISTRANO DRIVE	
City-St-Zip:	NOKOMIS, FL 34275	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	STEWART, MAGGIE	
Address:	626 CADIZ RD	
City-St-Zip:	VENICE, FL 34285	
Title:	D	(X) Change ( ) Addition
Name:	THINNES, JAY	
Address:	108 E.AURORA	
City-St-Zip:	VENICE, FL 34285	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGGIESTEWART T 08/29/2003

Electronic Signature of Signing Officer or Director — Date