FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90780 044 ***158.75

| DOCUMENT 1. Entity Name | # FD | 9900 |
|--------------------------|------|------|
| 1. Entity Name | , , | 1/2 |

CONCH COIN COMPANY INC

| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|---------------------|
| 1315 JOHNSON 64 | PD BOV 4075 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| Suite, Apt. #, etc. | PD 130X 4075 Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE |
|--|----------------------------------|---|
| Sity & State KEY WEST FL ZID Gountry | City & State DEST FL | 4. FEI Number Applied For Sq - 2035526 Not Applied For |
| 33040 MONROE | 33041 MONROE | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| DO NOTWI | Name | 7. Name and Address of Current Registered Agent |
| DO NOT WI IN THIS SP | - 0,001033 | s (P.O., Box Number is Not Acceptable) |
| IN THE OF | | 15 JOHNSON ST |
| 8. The above named entity submits this statement for | the purpose of chassis it is | |

changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agr January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550,00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | TO A THE COURT OF STREET | |
|--|--|--|
| TIME 11251 dent - DIVECTOR | TITLE | |
| NAME DONNA GKNULL | NAME | |
| STREET ADDRESS 1315 JOHNSON 57 | STREET ADDRESS | |
| CITY-ST-ZIP | Sherren at 1 The strate Sherre | The state of the s |
| TITLE THE WEST FC 33040 | CITY - ST - ZIP | |
| NAME STREET ADDRESS TRARMANTROUT | TITLE | e descripcións. Al la Particulação III II descripción de altratar e anoma a la como de la como de la como de la como de la como |
| CONTEST LODGES TR. ARMANTROUT | NAME | ng panggang |
| STREET ADDRESS 1315 JOHN SON ST | STREET ADDRESS | |
| STREET ADDRESS 1315 JOHN SON ST CITY-ST-ZIP Key West FL 33040 | CITY:ST-ZIP | |
| | IIILE | |
| NAME SECT - Tres - DIrector STREET ADDRESS TOHN MURPHY | NAME: | |
| STREET ADDRESS | STREET ADDRESS | |
| CITY-ST-ZIP 925 Seminary 5+ | CITY-ST-ZIP | DO NOT-WRITE |
| TITLE KIN WEST FL 33040 | The cases the continuent of a strategy of the factoring of the continuent of the case of t | the manager of a consequence of the common party of the consequence of |
| NAME | MITTE | IN THIS SPACE |
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| | CITY-ST-ZIP | ka Marian Marian II da ka sa sa ka sa Marian 12 ka sa ka s |
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| STREET ADDRESS | STREET ADDRESS | |
| CITY-ST-ZIP | CITY-STUZIP | |
| TITLE | MILE | |
| NAME | | |
| STREET ADDRESS | NAME TO SERVICE THE PROPERTY OF THE PROPERTY O | the manufacture of the contract of the contrac |
| CITY-ST-ZIP | STREET ADDRESS | |
| | CITY-ST-ZIP | 国际国际发展的工程工程的工程工程,在1917年 |

12. 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR