

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F46608

FILED
Apr 29, 2003
Secretary of State

Entity Name: 7 CONTINENTS TRAVEL, INC.

Current Principal Place of Business:

863 STATE ROAD 434
P.O. BOX 161270
ALTAMONTE SPRINGS, FL 327168270

New Principal Place of Business:

Current Mailing Address:

863 STATE ROAD 434
P.O. BOX 161270
ALTAMONTE SPRINGS, FL 327168270

New Mailing Address:

FEI Number: 59-2126835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERGANO, MASSIMO M
345 WOODSTEAD CIRCLE
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VERGANO, MASSIMO M,
Address: 345 WOODSTEAD CR
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VERGANO, MASSIMO M,
Address: 345 WOODSTEAD CR
City-St-Zip: LONGWOOD, FL 32779

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MASSIMO M. VERGANO

DP

04/29/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date