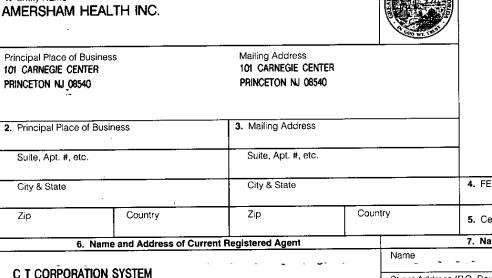
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F96000003385 **DOCUMENT #**

1. Entity Name



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90142 004 ***150.00

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or ordinated the contract									
2. Principal Place of Business 3. Mailing Address			<u></u>] 	iii 01 iii 15111		11 1111 1111	
Suite, Apt. #, etc. Suite, Apt. #, etc.				1	☐ CHECK HERE IF MAKING CHANGES				
ate City & State			4.		FEI Number 13-3786405		Applied For Not Applicable		
Country	Zip	Country		5. 0				.75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name_ ~			.		İ	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324			3.						
			City			FL	Zip Code		
	he purpose of changing its	registere	ed office or registe	red age	ent, or both, in the State of Florida	a. I am fan	niliar with, a	and accept	
: rinted name of registered agent and	title if applicable. (NOTE	Registere	d Agent signature require	d when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Finand Trust Fund Contribution.	oing 🔲		May Be to Fees	
OFFICERS AND DIRECTORS 11				ΑĎ	DITIONS/CHANGES TO OFFICE	RS AND D	RECTORS	IN 11	
GIE CENTER	N S		E ET ADDRESS				Change	Addition .	
) GIE CENTER	S		EET ADDRESS				☐ Change	Addition	
THOMAS			ET ADDRESS				Change	Addition	
JEFFREY BIE CENTER	N.		EET ADDRESS		,		☐ Change	Addition	
	N/		EET ADDRESS				☐ Change	Addition	
	NAA STRI		IE EET ADDRESS			[_ Change	Addition	
	Country Id Address of Current Res STEM ND ROAD Ubmits this statement for the diagent. Indicated name of registered agent and provided provided populations of the second	101 CARNEGIE CENTER PRINCETON NJ 08540 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Ind Address of Current Registered Agent STEM ND ROAD Ubmits this statement for the purpose of changing its ad agent. FEE IS \$150.00 Fee will be \$550.00 Fee will be \$550.00 For inda Department of State OFFICERS AND DIRECTORS NIEL L SIE CENTER NJ Delete THOMAS SIE CENTER NJ Delete THOMAS SIE CENTER NJ Delete 101 CARNEGIE CENTER PRINCETON NJ 08540 S	101 CARNEGIE CENTER PRINCETON NJ 08540 S	Suite, Apt. #, etc. City & State Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. B. City Ci	Suite, Apt. #, etc. CHECK HERE IF N Suite, Apt. #, etc. CHECK HERE IF N City & State Country St. Certificate of Status Desired di Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEM Name Street Address (P.O. Box Number is Not Acceptable) City City City City City City State City City City C	THOMAS. S. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CI City & State COuntry Count	Suries, Apt. 9, etc. Check Here in Maxima Channels Suries, Apt. 9, etc. Check Here in Maxima Channels Country Zip Country 5, Editional Status Desired Status Desired Suries Agent Fee Required Agent 7, Name and Address of New Registered Agent Rought Address of Current Registered Agent 7, Name and Address of New Registered Agent 7, Name and Address of New Registered Agent 87, Name and Address of New Registered Agent 87, Name and Address of New Registered Agent 9, Stock Address (P.O. Box Number is Not Acceptable) City FL 7/17/15 Code 1, Name and Address of New Registered Agent with a dispital and the registered Agent of the purpose of changing its registered dispital and the registered Agent with a dispital and the registered agent, or both, in the State of Florida. I am farmiliar with a dispital and the registered agent, or both in the State of Florida. I am farmiliar with a dispital and the registered agent, or both in the State of Florida. I am farmiliar with a dispital and the registered agent, or both in the State of Florida. I am farmiliar with a dispital and the registered agent, or both in the State of Florida. I am farmiliar with a dispital and the registered Agent agent, or both in the State of Florida. I am farmiliar with a dispital and the registered Agent agent, or both in the State of Florida. I am farmiliar with a dispital and the registered Agent agent, or both in the State of Florida. I am farmiliar with a dispital and the registered Agent agent, or both in the State of Florida. I am farmiliar with a dispital and the registered Agent agent, or both in the State of Florida. I am farmiliar with a dispital and the registered Agent agent, or both in the State of Florida. I am farmiliar with a dispital agent, and the registered Agent agent, or both in the State of Florida. I am farmiliar with a dispital agent, and the registered Agent agent, and the registered Agent agent, and the registered Agent agent agent, and the registered Agent agent agent, and the registered Agent agent agent, and the reg		

Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliedmental 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 frustee empewered to execute 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 other like empowered.

SIGNATURE: