3/2:

FILED Apr 02, 2003 8:00 am Secretary of State

2003	NOT-F	OR-PROFIT	CORPOR	ATION
UNII	FORM	BUSINESS	REPORT	(UBR)

1. Entity Nan	MENT # NOOOOOO DAD COMMERCIAL PARK CON		03-21-2003 90104 030 ****61.25						
Principal Place of Business Ma P.O BOX 10608 P.O 1164 GOODLETTE ROAD 1164		Mailing Address P.O BOX 10808 1164 GOODLETTE ROAD NAPLES FL 34101) 149 Filipā i ark 29	III BANTI ABYA BENIK BAKKI BEKKI	: 10 161 81 186 (1 0 51 8 1	161 B 8914 1821		
2. Principal Place of Business 3. N		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 50	4. FEI Number 59-3681859 Applied For Not Applied be				
Zip	Country	Zip	Zip Country		5. Certificate of St	Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current Re	gistered Agent			7. Name and Add	ress of New Registers			
				_Name					
3200 TAI	ARD, MARK J Miami Trail North Fl 34103			Street Addre	ess (P.O. Box Number is N	lot Acceptable)			
			İ	City			Zip Cod	е	
<u> </u>	named entity submits this statement for the			<u> </u>	<u> </u>				
SIGNATURE	Signature, typed or printed name of registered agent and	side if applicable. (NOTE: 9. Election Cam Trust Fund Cc	paign Fi	nancing _	s5.00 May Be Added to Fees	Make Che Florida Dep	ck Payable		
-									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDS, MONTY 365 5TH AVENUE SOUTH, #101 NAPLES FL 34102	Delete		در TAODRESS بر	ceretary 10: 10:19ht, KI 1716 Radio Vaples FC	m Road #81	Change	D Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VASQUEZ, CARLOS 4776 RADIO, #707 NAPLES FL 34104	☐ Delete		$\supset \mathbb{P}$	resident/		Change	Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PLASKI, LARRY 4001 SANTA BARBARA BLVD, SUIT NAPLES FL 34104	© 0èlete	NAME STREE	ADDRESS) P	BTD LOSK-I, LI 1996 Audio Ro Naples FC	4FFY 0012 # 804 34104	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREE CITY-S	I ADDRESS ST-ZIP			☐ Change	Addition	
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower.	is filing does not qualify for the end accurate and that my ared to execute this report as	he exem signatu require	ption stated in re shall have t d by Chapter	Section 119.07(3)(i), Flo he same legal effect as if 617, Florida Statutes; and	rida Statutes. I further o made under oath; that I that my name appears	ertify that the in I am an officer in Block 10 or	formation or director Block 11 if	

SIGNATURE: