2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006537

PO BOX 903

HAVANA, FL 32333

Address:

City-St-Zip:

Entity Name: DISC VILLAGE FOUNDATION, INC.

FILED Mar 18, 2003 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:			
	ENSACOLA S ⁻ SSEE, FL 3230					
Current Mailing Address:			New Mailing Address:			
3333 W. PI TALLAHAS	ENSACOLA S ⁻ SSEE, FL 3230	Г., STE. 300 04				
FEI Number: 59-3746415 FEI Number Applied For ()		FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
	MAS K ENSACOLA S ⁻ SSEE, FL 3230					
	named entity s of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () ALOI, JOSEPH 524 APPLEYAR TALLAHASSEE,	D DR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () CZAJKOSKI, EU 2340 KILKENNY TALLAHASSEE,	′ E.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () LIANG, JEFFRE PO BOX 12121 TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () PATTERSON, T 2700 CLINE ST TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	D () BUTLER, EDWA	Delete ARD J	Title: Name:	CEO (X) Change () Addition OLK, THOMAS K		

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.

Address:

City-St-Zip:

SIGNATURE: THOMAS KOLK CEO 03/18/2003

3333 W. PENSACOLA ST., STE 300

TALLAHASSEE, FL 32304