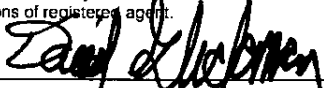
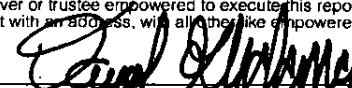


FILED
Mar 01, 2004 8:00 am
Secretary of State

U T U M U I U

DOCUMENT # N11477				Secretary of State 03-01-2004 90052 011 ****61.25	
1. Entity Name NSA/CENTRAL FLORIDA, INC.		Principal Place of Business PO BOX 941172 MAITLAND, FL 32794-1172 US		Mailing Address PO BOX 941172 MAITLAND, FL 32794-1172 US	
2. Principal Place of Business		3. Mailing Address		01292004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 74-2422644	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERS, ED 333 THIRD AVE NORTH STE 540 SAINT PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name: DAVID Glickman Street Address (P.O. Box Number is Not Acceptable) 7853 Gunn Highway # 393 City: TAMPA FL Zip Code 33626	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 		(NOTE: Registered Agent signature required when reinstating)		DATE: 2/21/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABACHNICK, TERRI 10810 72ND ST STE 207 SEMINOLE, FL 33777	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, ED 146 SECOND ST N STE 10 SAINT PETERSBURG, FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICKMAN, DAVID 1701 SOUTHWIND DR. BRANDON, FL 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glickman, DAVID ☒ Change ☐ Addition 7853 Gunn Highway # 393 TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, ED 333 THIRD AVE NORTH STE 540 SAINT PETERSBURG, FL 33701	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cutting, Donna ☐ Change ☒ Addition 740 38th AVE North ST PETERSBURG, FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: 2/21/04		Daytime Phone #: 813-920-8288	