2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003
Secretary of State

DOCUMENT# N27948

Entity Name: THE BREVARD COUNTY BRIDAL ASSOCIATION, INC.

Current Principal Place of Business:

BREVARD COUNTY BRIDAL ASSOCIATION
P. O. BOX 2024
MELBOURNE, FL 32902 US

New Principal Place of Business:

Current Mailing Address:

BREVARD COUNTY BRIDAL ASSOCIATION
P. O. BOX 2024
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 36-1360795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLGER, MICHAEL J
2255 ROYAL POINCIANA BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

KAHN, JAMES
1711 SKYLINE LANE
SEBASTIAN, FL 32958 US

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: JAMES KAHN 04/21/2003
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: SOMMER, ROWENA
Address: 1110 HOLLOW BROOK LANE
City-St-Zip: MALABAR, FL 32950

Title: DP ( ) Delete
Name: GRAHAM, MICHAEL
Address: 96 WILLARD ST #203
City-St-Zip: COCOA, FL 32922

Title: DV ( ) Delete
Name: KIMPLE, GREG
Address: 148 JUNE DR
City-St-Zip: COCOA BEACH, FL 32923

Title: DT ( ) Delete
Name: HILLGER, MICHAEL J
Address: 2255 ROYAL POINCIANA BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: SOMMER, ANDREW B
Address: 1110 HOLLOW BROOK LANE
City-St-Zip: MALABAR, FL 32950

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: KAHN, JAMES
Address: 1711 SKYLINE LANE
City-St-Zip: SEBASTIAN, FL 32958

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.

SIGNATURE: ANDREW B. SOMMER DS 04/21/2003
Electronic Signature of Signing Officer or Director — Date