


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90125 028 ***150.00

DOCUMENT # P00000086519 1. Entity Name CORAZON COMMUNICATION, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 965 LASCALA DRIVE	3. Mailing Address 965 LASCALA DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

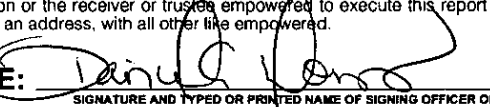
City & State WINDERMERE, FLORIDA	City & State WINDERMERE, FLORIDA	4. FEI Number 593701911	Applied For <input type="checkbox"/> Not Applicable
Zip 34786	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name MONTIEL, NORAH DANIELA	
	Street Address (P.O. Box Number is Not Acceptable) 965 LASCALA DRIVE	
	City WINDERMERE	FL Zip Code 34786

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTIEL, NORAH DANIELA 965 LASCALA DRIVE WINDERMERE, FLORIDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034B (12/02)