

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

03 MAY 27 AM 10:38

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000045046			
1. Entity Name <b>4FRONT, INC.</b>			
Principal Place of Business 2610 STARLAKE VIEW DR KISSIMMEE, FL 34747		Mailing Address 9501 CASTLEFORD POINT ORLANDO, FL 32836	
2. Principal Place of Business <b>1255 LAQUINTA DR</b> Suite, Apt. #, etc. <b>214A</b> City & State <b>ORLANDO, FL</b> Zip <b>32809</b> Country <b>US</b>		3. Mailing Address <b>1255 LAQUINTA DR</b> Suite, Apt. #, etc. <b>214A</b> City & State <b>ORLANDO, FL</b> Zip <b>32809</b> Country <b>US</b>	
4. FEI Number <b>59-3714813</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GRIFFITHS, NICHOLAS J</b> <b>9501 CASTLEFORD POINT</b> <b>ORLANDO, FL 32836</b>		7. Name and Address of New Registered Agent <b>GRIFFITHS, NICHOLAS J</b> <b>10109 COVE LAKE DR</b> <b>ORLANDO, FL 32836</b>	
A. 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 <i>NICHOLAS J GRIFFITHS</i>		DATE <b>3/25/03</b>	
B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITHS, NICHOLAS J 9501 CASTLEFORD POINT ORLANDO, FL 32836	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITHS, NICHOLAS J 10109 COVE LAKE DR ORLANDO, FL 32836	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER DILLON A SCOBAN 9501 CASTLEFORD POINT ORLANDO, FL 32836	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>NICHOLAS J GRIFFITHS</i>		DATE <b>3/25/03</b> 407852 1030	

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