2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE:

FILED Mar 24, 2003 8:00 am Secretary of State

Daytime Phone #

1/30

	MENT # DOOO	0000451		THE SE	٦	01-30-2003 90166 015 ***150.00		
DOCUMENT # P02000090451 1. Entity Name THE LOGO PLACE, INC.								
Principal Place of Business 225 MAIN ST SUITE 17 DESTIN FL 32541 Mailing Address 225 MAIN ST SUITE 17 DESTIN FL 32541 DESTIN FL 32541				-		T HERTIRAL MI KANIK HERT KARNI BANIK BANIK BENIK BANIK BANIK BURUK BURUK BUKAT SUBL KARN		
		Ca Mailing Address						
2. Principal Place of Business 3. Mailing Address					_}			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4.	FEI Number - 168 2944 Applied For Not Applicable		
Zip	Country	Zip	Counti		Certificate of Status Desired			
6. Name and Address of Current		Registered Agent	istered Agent		7. Name and Address of New Registered Agent			
HAHOUT	PRINCE	ب <u>این ده ده در </u>		Name				
HAUGHT, BRUCE A 385 HIGHWAY 98 SUITE 220				Street Address (P.O. Box Number is Not Acceptable)			-	
DESTIN F	L 32541					 :		
			City			FL Zip Corte		
8. The above the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or registe	ered ag	gent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent a	(NOTE: The Control of	. Danielora	d Agent signature require	-d when	reinstated) DATE		
		to the supplication.	. ragistora				Í	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				•		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
					Āſ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
10.			11.	TITLE		☐ Change ☐ Addition	8	
NAME	WASSON, JAMES C II	<u></u>	NAM	E .			Ē	
STREET ADDRESS	305 INDIGO LOOP DESTIN FL 32541			STREET ADDRESS CITY-ST-ZIP			93	
CITY-ST-ZIP	DESTIN PE 32341	Delete	TITLE			☐ Change ☐ Addition	CR2E034 (10/02)	
TITLE NAME	ASSON, JAMES C		NAM	NAME STREET ADDRESS			O	
STREET ADORESS CITY-ST-ZIP	9823 BLACK HORSE RUN FT MILLS SC 29715		1	-ST-ZIP				
TITLE "	T THILLS GO EST TO	☐ Delete	Inte			Change Addition		
NAME		<u></u>		L.		·		
STREET ADDRESS CITY-ST-ZIP	معمد سے درستے کی اور اور اور افغاند		1	ET ADDRESS -ST-ZIP	·			
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NAME CTOSET APPRISES			NAMI	E et address			ţ	
STREET ADORESS CITY+ST-ZIP				-\$T-ZIP				
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NAME			NAM	E Et address		,		
STREET ADDRESS City-St-Zip				-ST-ZIP				
TITLE		☐ Delete	TITLE	:		☐ Change ☐ Addition		
NAME			NAM					
STREET ADDRESS				ET ADDRESS - ST-ZIP				
CITY-ST-ZIP	and the state of the first and a second state of the state of	this filling door not quality for	the 01-10	l	ection	119.07(3)(i), Florida Statutes. I further certify that the information		
12. I nereby of indicated of the corporated, changed,	entity that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that rewered to execute this report in all the time and the true that all the time and the true the true the true the true true true true true true true tru	ıy signat as requii	ure shall have the red by Chapter 60	same 07, Flor	legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 10 or Block 11 if	(