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05-01-2003 90280 049 ***150.00

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

| | | | | | |
|---|--------------------------|---------------------------------|---|---|-----------------------------------|
| DOCUMENT # P02000104638 | | | |  | |
| 1. Entity Name GOLDEN ARROW, INC. | | | | | |
| Principal Place of Business 605 VALLANCE WAY, NE ST. PETERSBURG, FL 33716 | | | Mailing Address 605 VALLANCE WAY, NE ST. PETERSBURG, FL 33716 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LYONS, GARY W 311 SOUTH MISSOURI AVE. CLEARWATER, FL 33766 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | |
| | | | | Zip Code | |
| 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 _____ DATE _____ | | | | | |
| 9. 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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DANISHMENT, CEM JAIME | | NAME | | |
| STREET ADDRESS | 605 VALLANCE WAY, NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33716 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TOPEU, JAN | | NAME | | |
| STREET ADDRESS | 605 VALLANCE WAY, NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33716 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | NER, NURHAN S | | NAME | | |
| STREET ADDRESS | 605 VALLANCE WAY, NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33716 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 807, 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>[Signature]</i> President 4/29/03 7276473040 | | | | | |
| SIGNATURE MUST BE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

55050644



CHECK HERE IF MAKING CHANGES

4. FEI Number **010745401** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CR2E034 (10/02)