FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91767 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000106240

1. Entity Name
JACK RABBITS LIVE INC.

90128599

Principal Place of Business	Mailing Address
1528 HENDRICKS AVENUE JACKSONVILLE, FL 32207	1014-7 MARGARET STREET 195 JACKSONVILLE, FL 32204

2. Principal Place of Business	3. Mailing Address
	1650-302 Margaret St
Suite, Apt. #, etc.	Suite, Apt. #, etc. 302
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALL, ANNE W 1014-7 MARGARET STREET 195 JACKSONVILLE, FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) 1650-302 Margaret St #195 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 Anne W Hall 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, TIMOTHY J 1014-7 MARGARET STEET, #195 JACKSONVILLE, FL 32204	☐ Delete	☑ Change ☐ Addition 1650-302 Margaret St #195	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, ANNE W 1014-7 MARGARET STEET, #195 JACKSONVILLE, FL 32204	☐ Delete	☑ Change ☐ Addition 1650-302 Margaret St #195	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne W Hall 4/21/03 904.398.7496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #