## 2003 FOR PROFIT CORPORATION

## FILED Jun 02, 2003 8:00 am Secretary of State

UN	ILCHW BOSINE	_ Secre	tary or	Sta	lle				
1. Entity Nar		0034853 ENTER, INC.				003 90188 042 **	*150.	.00	
Principal Place 1948 OSCEO KISSIMMEE F		Mailing Address 1948 OSCEOLA PKWY KISSIMMEE FL 34743	•	<u> </u>					
2. Principal I	Place of Business	3. Mailing Address				FAN <b>S</b> aun <b>Sa</b> ub Main Biest (f		\$61 (AD)	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				_
City & State		City & State		4. FEI Number 65-0505146	<i>)</i>	Applied For Not Applicable			
Zip	Country	Zip	Coun	try .	5. Certificate of Status Desired	□ \$8.75 A Fee Requ		al	
	6. Name and Address of Current	Registered Agent		<del></del>	7. Name and Address of New	Registered Agent		<del></del>	4
				Name					1
MOSS, LORRAINE S 1318 IVY MEADOW DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32824									]
	Selection 3			City	·	FL Zip Co	ide	<u> </u>	
SIGNATURE F Afte	Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00  TMay, 1, 2003 Fee will be \$550.00  K Payable to Florida Department of		: Registered	i Agent signature requir	red when reinstating)  9. Election Campaign Fi Trust Fund Contribution	<del>-</del> +	.00 Mz		
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTO	BS IN '	11:	+
NAME STREET ADDRESS CONSTITUTE ST. ZIP	MOSS, LORRAINE S 3016 STILLWATER DR. KISSIMMEE FL 34743	☐ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO UP	☐ Change		Addition	1007017
NAME STREET ADDRESS CITY-ST-ZIP	Elaire Port 351 Regues Road KISMAMEE, FI. 341	Delete		<b>I</b>		☐ Change	- ا	Addition	
TITLE .		☐ Detete	TITLE - NAME		<del></del>	☐ Change		Addition	
STREET ADDRESS CITY-ST-ZIP	·		STREE	T ADDRESS ST-ZIP				<u>i</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete		T ADDRESS ST-ZIP		☐ Change		Addition	
TITLE NAME STREET ADDRESS		☐ Deletz		T ADDRESS		☐ Change		Addition	
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREE			☐ Change		Addition	
12. I hereby of indicated of the core	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	this filing does not qualify for true and accurate and that m wered to execute this report a	the exemy signatus require	notion stated in S	section 119.07(3)(i), Florida Statutes, a same legal effect as if made under 17, Florida Statutes; and that my nam	I further certify that the bath; that I am an office appears in Block 10 a	informa r or dire or Block	ation actor	

SIGNATURE:

## Uttacherent 90138339 #P9400034853 VENTURA HOLIDAY TOURIST CENTER

1948 EAST OSCEOLA PARKWAY KISSIMMEE, FLORIDA 34743

KISSIMMEE OFFICE/SHOP BEEPER ORLANDO OFFICE/FAX E-Mail- cfdas@bellsouth.net

(407) 344-0030 (407) 943-5512 (407) 826-0099

May 28, 2003

Florida Department of State Divisions of Corporations P.O. Box 1500 Tallahassee, Florida 32302

Thank you for your letter of May 14th. Please excuse my stupidity as I was trying to get this to you before the deadline and forgot the most important thing, the signature. Thanks for your support and cooperation.

Sincerely