


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

<b>DOCUMENT # P97000068388</b> 1. Entity Name <b>EQUITY COURT SERVICES OF TAMPA BAY, INC.</b>	
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10090156

Principal Place of Business WWW.EQUITYCOURT.COM - 3004 GORDON COURT TAMPA, FL 33689 US	Mailing Address 3004 GORDON COURT TAMPA, FL 33689 US
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2. Principal Place of Business	3. Mailing Address <b>P.O. BOX 56952</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State <b>PHOENIX, AZ</b>	4. FEI Number <b>59-3485232</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>85079-6962</b>	Country <b>MARICOPA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>DIAZ, TERESA 3004 GORDON COURT TAMPA, FL 33689</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	NAME <b>STOLLER, BILL</b>	TITLE <b>PD</b>	NAME <b>STOLLER, BILL</b>
STREET ADDRESS <b>211 EAST 81ST STREET</b>	CITY-ST-ZIP <b>NEW YORK, NY 10028</b>	STREET ADDRESS <b>14 EAST 28TH STREET</b>	CITY-ST-ZIP <b>NEW YORK, NY 10016</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <b>VD</b>	NAME <b>COCOZZA, GERRI</b>	TITLE <b>VD</b>	NAME <b>COCOZZA, GERRI</b>
STREET ADDRESS <b>211 EAST 81ST STREET</b>	CITY-ST-ZIP <b>NEW YORK, NY 10028</b>	STREET ADDRESS <b>14 EAST 28TH STREET</b>	CITY-ST-ZIP <b>NEW YORK, NY 10016</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>DIAZ, TERESA</b>	TITLE	NAME
STREET ADDRESS <b>3004 GORDON COURT</b>	CITY-ST-ZIP <b>TAMPA, FL 33689</b>	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>FESTINGER, NICOLE</b>	TITLE <b>TD</b>	NAME <b>KAY-SPENCE, SHIRLEY</b>
STREET ADDRESS <b>3004 GORDON COURT</b>	CITY-ST-ZIP <b>TAMPA, FL 33689</b>	STREET ADDRESS <b>P.O. BOX 56952</b>	CITY-ST-ZIP <b>PHOENIX, AZ 85079-6952</b>
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input 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)(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: Bill Stoller, Bill Stoller, Mes. 04-24-03 (602)-847-7855

CRE004 (10/02)