2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072198 1. Entity Name CED CAPITAL HOLDINGS VIII, INC.				FILED 03 APR 18 PM 2: 10	
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751		Mailing Address P.O. BOX 4961 ORLANDO FL 32802-4961		SECRETARY OF STAIL TALLAHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing Address				1 10611881 (116 1011) 1011) 1011) 1011) 1011) 1011) 1011) 1011) 1011) 1011)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3493151 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA Street Address				s (P.O. Box Number is Not Acceptable)	
390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801			<u> </u>		
	5 1 E 32331		City	FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE .					,
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NC	TE: Registered Agent signature requir	red when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May I Trust Fund Contribution.	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GINSBURG, ALAN H 1551 SANDSPUR ROAD MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Ado 100017842961 05/01/0301076014 **150.00	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GINSBURG, JEFFREY S 1551 SANDSPUR ROAD MAITLAND FL 32751	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROCK, JAY P 1551 SANDSPUR ROAD MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOODY, TRICIA 1551 SANDSPUR ROAD MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCIARRINO, MICHAEL J 1551 SANDSPUR ROAD MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	noific
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with the	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add Gection 119.07(3)(i), Florida Statutes. I further certify that the informatic e same legal effect as if made under oath; that I am an officer or direct	

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:

SIGNATURE REQUIRED

40741-8500 Double Phone #

Date