2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

105 FIG TREE RUN

LONGWOOD FL 32750-4066

P99000037205 DOCUMENT

1. Entity Name

Principal Place of Business 105 FIG TREE RUN

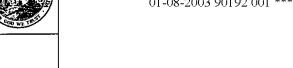
LONGWOOD FL 32750-4066

DISCOVERY CHARTERS, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90192 002 *****8.75 01-08-2003 90192 001 ***150.00



2011011000						
2. Principal Place of Business		3. Mailing Address		. I IDRIMERI IGO COMO IRMI BULLI	ONCOR ISSUESEMENT LIANT RESIDENT AND LOAD	
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.		☐ CHECK HERE IF MA	☐ CHECK HERE IF MAKING CHANGES	
City & State City & Sta		City & State		4. FEI Number 59-3571059	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	red Agent	
			Name			
RIAL, ROBERT S			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
105 FIG TREE RUN						
LONGWO	OD FL 32750-4066	:				
			City	····	FL Zip Code	
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.	I am familiar with, and accept	
SIGNATURE					ATE	
•	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signature requ	uired when reinstating)	WHICE THE PROPERTY OF THE PROP	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				 Election Campaign Financin Trust Fund Contribution. 	g \$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	RIAL, ROBERT S		NAME			
STREET ADDRESS	105 FIG TREE RUN		STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750-4066		CITY-ST-ZIP		Change Addition	
TITLE	VP	☐ Delete	TITLE NAME		C Change C Addition	
NAME STREET ADDRESS	RIAL, SUSAN S -105 FIG TREE RUN		STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750-4066		CITY-ST-ZIP			
TITLE	The Company of the Samuel Company of the Company	Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS	,		STREET ADDRESS			
CITY-ST-ZIP	× 11		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP					☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE NAME			
NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME		tion british	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
		11 1 201	and the second s	Section 110 07/2)/i) Florida Statutos furth	or cortifu that the information	

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: