NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 01, 2002 8:00 am Secretary of State

DOCUMENT # N97000000 fyz 1. Entity Name ACtion Of Soli Darkits INC. Secretary of or-on-2002 90351 016*								
DO N	IOT WRITE	E IN THI	S SPA					
2. Principal Place of Business Sth ST 24605.W Suite, Apr. #, etc.				3+n ST	-	DO NOT WRITE IN THIS SPACE		
City & State MIANU, Zip 33135	FL Country	City & State MiAm Zip 3313	<u>)</u> 5 }	FC Country	4. FEI Number 5. Certificate of S	772/33 itatus Desired 🗆	Applied For Not Applicable \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				Name Street Add	7. Name and Address of Current Registered Agent			
The above named entity submits this statement for the purpose of changing its			nanging its regi	City stered office or re	egistered agent, or both, in	FL the state of Florida.	Zip Code	
SIGNATURE Signature, typed	or printed name of registered agent	and title if applicable.	(NOTL: Regi	stered Agent signature	required when reinstaking)	DAIL		
,	IS \$61.25 Amended UBR		ection Campaig ust Fund Contri		\$5.00 May Be Added to Fees	Make Checi Departme		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI	RECTORS		TITLE NAME STREET ADORESS CITY-ST-ZIP			CRZE037B (12/01)	
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12. I hereby certify that the information supplied with this filling 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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR								