

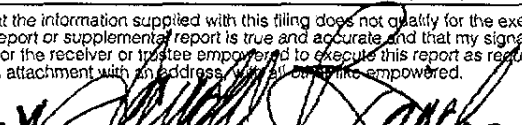


FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # H41316 1. Entity Name STEWART TILGHMAN FOX & BIANCHI, P.A.				Secretary of State	
Principal Place of Business 1 SE 3RD AVE STE 3000 MIAMI, FL 33131 US		Mailing Address 1 SE 3RD AVE STE 3000 MIAMI, FL 33131 US			
DO NOT WRITE IN THIS SPACE				01082004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-2493895	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEWART, LARRY S. 1 SE 3RD AVE STE 3000 MIAMI, FL 33131				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE U0000000480E 01/15/04-80027-008 150.00	
TITLE	P				
NAME	STEWART, LARRY				
STREET ADDRESS	1 SE 3RD AVE				
CITY-ST-ZIP	MIAMI, FL				
TITLE	V				
NAME	TILGHMAN, JAMES				
STREET ADDRESS	1 SE 3RD AVE				
CITY-ST-ZIP	MIAMI, FL				
TITLE	S				
NAME	FOX, GARY D.				
STREET ADDRESS	1 SE 3RD AVE				
CITY-ST-ZIP	MIAMI, FL				
TITLE	T				
NAME	BIANCHI, DAVID W.				
STREET ADDRESS	1 SE 3RD AVE				
CITY-ST-ZIP	MIAMI, FL				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 duly empowered.					
SIGNATURE: 				1/12/04 3053586644	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	