2003 FOR PROFIT CORPORATION

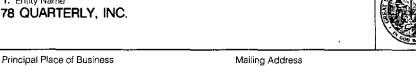
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

K04836

1. Entity Name 78 QUARTERLY, INC.

626 CANFIELD LANE



626 CANFIELD LANE



Apr 09, 2003 8:00 am Secretary of State **FILED**

04-09-2003 90122 025 ***150.00

KEY WEST FL	040 KEY WEST FL 33040			1 1 74 (5 14) 3 31 33 111 313 3 14 (314 3 14 3 14) 3 14)	1111 1111 1111	(4)			
Principal Place of Business 3. Mailing Address									
]						
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State City & State			4. 9	FEI Number 65-0023590	<u> </u>	pplied For ot Applicable			
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ويهدي الراب المالي والمالية الموسية المستعدد المستعدد المالية			Name	Name					
WHELAN, PETER A.		Street Add	Street Address (P.O. Box Number is Not Acceptable)						
	FIELD LANE								
KEY WEST	FL 33040								
	4		City		F	Zip Cod	le		
	named entity submits this statemions of registered agent.	ent for the purpose of changing its	registered office or re	egistered ag	ent, or both, in the State of Florida. I am	ı familiar with,	and accept		
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signature	required when re	einstating) DATE				
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 c Payable to Florida Departme	0.00			9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees		
10.		AND DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11		
TITLE IAME STREET ADDRESS SITY-ST-ZIP	DPT WHELAN, PETER A. 626 CANFIELD LN KEY WEST FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TLE ,		□ Delete	TITLE			☐ Change	Addition		
IAME		E 50/3/0	NAME						
TREET ADDRESS			STREET ADDRESS		•		,		
CITY-ST-ZIP			CITY-ST-ZIP						
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CITY-ST-ZIP	**		STREET ADDRESS CITY-ST-ZIP				}		
ITLE	<u>'</u>	Delete	TITLE			☐ Change	☐ Addition		
IAME	7		NAME			- Ontango			
treet address			STREET ADDRESS						
ITY-ST-ZIP		-	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 other like empowered.

SIGNATURE:

Daytime Phone #