## FILED May 21, 2002 8:00 am Secretary of State

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		N THIS SP	AUE	to obtain			,	
				City T	)	Dano Bun	F	Zio Code
edicke mil	<u> </u>							Zip Code
8. The above	e named entit	y submits this statement for	the purpose of changing	its registered office of	or registered	d agent, or both, in the Sta	ite of Florida.	
								1
SIGNATURE								
	Signature, typed	or printed name of registered agent a	nd tale of applicable. (১)	OTE Registered Agent signa	ture required wi	nen reinstating)	DATE	
			woods a special Scale	OTE Registered Agent signs		nen reinstabing)	DATE	
9. This corp	oration is elig	ible to satisfy its Intangible	January 1	May 1 Fee is \$15 w 1 Fee is \$550.0	0.00 0	10. Election Camp	aign Financing	\$5.00 May Be
9. This corporate Tax filing	oration is elig		January 1 After Ma Americ	May 1 Fee is \$15 by 1, Fee is \$550.0 led UBR is \$61.25	0.00 0	ewit.	aign Financing	\$5.00 May Be Added to Fees
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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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR PROFIT CORPORATION

9549464747