UNI DOCUN 1. Entity Name	MENT # 514334	SS REPOR	RATION T (UBR)	FILED Apr 22, 2003 8:00 am Secretary of State 04-22-2003 90040 002 ***150.00
Principal Place 3721 SW 47TH SUITE 307 FT LAUDERDAL US 2. Principal Pla	AVE	Mailing Address 3721 SW 47TH AVE SUITE 307 FT LAUDERDALE FL 333 US 3. Mailing Address	14	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		
City & State)	City & State		4. FEI Number 59-1699432 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPEAR, DAVID A. 3721 SW 47 AVE			Name Street Address	7. Name and Address of New Registered Agent s (P.O. Box Number is Not Acceptable)
SUITE 307 FT LAUDERDALE FL 33314 8. The above named entity submits this statement for the purpose of changing its regis			City s registered office or register	FL Zip Code
SIGNATURE	ons of registered agent. Signature, typed or printed name of registered agent and LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of S		TE: Registered Agent signature requir	red when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI PTS SPEAR, L. WILLIAM 3721 SW 47TH AVE., SUITE 307 FT LAUDERDALE FL.		11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	VD SPEAR, JEFFREY 3721 SW 47TH AVE., SUITE 307 FT LAUDERDALE FL	🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
TITLE NAME STREET ADDRESS	VD SPEAR, DAVID 3721 SW 47TH AVE., SUITE 307 FT LAUDERDALE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change [] Addition
NAME STREET ADDRESS	D SPEAR, SHIRLEY 3721 SW 47TH AVE., SUITE 307 FT LAUDERDALE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change C Addition
NAME STREET ADDRESS	D SPEAR, L. WILLIAM 3721 SW 47TH AVE., SUITE 307 FT LAUDERDALE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby ce indicated c of the corp changed, c	on this report or supplemental report is tru- poration or the receiver or truetee of power or on an attachment with an address with	e and accurate and that ed to execute this report abother like empowered	The part of the provided and the provided as t	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if 0 father 954-581-9000 Date Davime Phone #