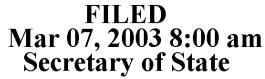
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



1. Entity N	UIVIEN I # 555° ame LINE DISTRIBUTORS, INC.			03-07-2003 90101 045 ***150.00	
Principal Place of Business 615 BROOKHAYEN DRIVE ORLANDO FL 32803		Mailing Address 615 BROOKHAVEN DRIVE ORLANDO FL 32803			
2. Principa	l Place of Business	3. Mailing Address			
Suite, Ar	ot. #, etc.	Suite, Apt. #, etc.		The state of the s	
		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-1786489 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	
6. Name and Address of Curi		ent Registered Agent	<u> </u>	Fee Required	
070:-			Name _	7. Name and Address of New Registered Agent	
725 N.M	STEPHE M AGNOLIA AVE. O FL 32803		Street Address	s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
the obligation			is registered office or regist TE: Registered Agent signature requir	ered agent, or both, in the State of Florida. I am familiar with, and accept	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0 of State		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees	
TITLE	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	HUNTER, DOUGLAS J 615 BROOKHAVEN DR ORLANDO FL 32803	□ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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	
TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	☐ Change ☐ Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINT D NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 407 2473491