FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

|   | MILOUM   | DOSINE   | 33 NEPU  | ni (UDN)   | <u></u>               | Secretary  | of State                          |
|---|--|--|--|--|-----------------------|--|-----------------------------------|
| 4 Entity Non  | MENT#  |  | 19<br>Ling In  |  |                       | 04-09-2003 9019  |                                   |
| GRAI  | nams (   | THSTER   | -109 IN  |  |                       |  |                                   |
|   | DO NO  | T WRITE  | IN THIS  | SPACE  |                       |  |                                   |
| 2. Principal F  | Place of Business  | J. N.  | 3. Mailing Address   |  |                       |  |                                   |
| Suite, Apt.   |  | )  | P. O. Boy<br>Suite, Apt. #, etc  |  |                       | DO NOT WRITE IN T  | HIS SPACE                         |
| St. fe  | Tersbur  | 9, F/i   | ST. Peters   | burg Fli   |                       | El Number 59-1861130   | Applied For Not Applicable        |
| Zip <b>33</b>   | 113 Co   | PiNellas   | Zip<br>33133   | Country PINELLA  | <b>5</b> . 0          | ertificate of Status Desired                                       | \$8.75 Additional<br>Fee Required |
|   | The second secon | Market Control of the | The state of the s |  | 7. Nai                | ne and Address of Current Regis                                    | tered Agent                       |
| And Ref on a comme  |  |  | AITE   | Name   | LONA th               | AN D. GRAHAM   | 1                                 |
| ar mail maille a leis in  |  | NOT W  | RHE.   | Street A   | ddress (P.O. Bo       | ox Number is Not Acceptable)                                       |                                   |
|   | IN   | HIS SP   | ACE  |  | 450                   | 1/31 HUZ/U!  |                                   |
|   | nemagne de 18 35 octobre de<br>Languago (2005 de compositorio)   |  | o est o est studente e do en considera<br>Secondo como o como ocupações de Caro  |  | · ·                   |  |                                   |
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|   | e named entity subn<br>tions of registered a   |  | r the purpose of chang   | ging its registered office or  | registered age        | nt, or both, in the State of Florida. I                            | am familiar with, and accept      |
|   |  |  |  |  |                       |  |                                   |
| SIGNATURE   | Signature, typed or printe   | d name of registered agent a   | and title if applicable.   | (NOTE: Registered Agent signate  | are required when rei | nstating) D  | ATE                               |
| Jai   | nuary 1 - May 1 i<br>After May 1, Fee<br>Amended UBR   | ee ls \$150.00<br>is \$550.00  |  | (NOTE: Registered Agent signatu  | ure required when rei | 9. Election Campaign Financing Trust Fund Contribution.            |                                   |
| Jai   | nuary 1 - May 1 i<br>After May 1, Fee<br>Amended UBR   | ee Is \$150.00<br>is \$550.00<br>is \$61.25  | State  | (NOTE: Registered Agent signatu  | ure required when rei | 9. Election Campaign Financing                                     | \$5.00 May Be                     |
| Jai<br>Make Check<br>10.  | nuary 1 - May 1  <br>After May 1   Fee<br>Amended UBR<br>Payable to Flori  | ee is \$150.00<br>is \$550.00<br>is \$61.25<br>da Department of<br>OFFICERS AND I  | State DIRECTORS  | ATILE  | ure required when rei | 9. Election Campaign Financing                                     | \$5.00 May Be                     |
| Make Check<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS  | nuary 1 - May 1  <br>After May 1   Fee<br>Amended UBR<br>Payable to Flori  | Fee is \$150.00<br>is \$550.00<br>is \$61.25<br>da Department of   | State DIRECTORS  | TITLE NAME STREET ADDRESS  | are required when rei | 9. Election Campaign Financing                                     | \$5.00 May Be                     |
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12. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104/03 727-580-16/1