


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90117 019 \*\*\*550.00


01516300 FP

<b>DOCUMENT #</b> 615445	
1. Entity Name <b>FAME ELECTRIC, INC.</b>	

Principal Place of Business <b>2826 LEXINGTON ST SARASOTA FL 34231 US</b>	Mailing Address <del>PO BOX 20728</del> <b>SARASOTA FL 34276-0 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 20728</b> Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-1898431</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>COMELLO, ANTHONY A. 1125 COQUILLE DRIVE SARASOTA FL 34242</b>	
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7. Name and Address of New Registered Agent Name <b>SOPHIA C. ROGERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7504 Coventry Court</b> City <b>Bradenton</b> FL Zip Code <b>34202</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Sophia C. Rogers</i> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>8-5-03</b>

<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO COMELLO, ANTHONY A 2826 LEXINGTON ST SARASOTA FL</b> <i>deceased</i> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SOPHIA C. ROGERS</b> <b>1882 PORTER LAKE DR. #104</b> <b>SARASOTA FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT/SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Annetta Hoyer</b> <b>2826 Lexington Street</b> <b>SARASOTA FL 34231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Sophia C. Rogers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>Aug 5, 2003</b> <b>922-2987</b> <small>Daytime Phone #</small>

CR2E034 (4/03)