2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Feb 20, 2003 8:00 am Secretary of State

1. Entity Na	JMENT MACT, INC.	# 719237								01-2/	2003 90	J333 (J11 · ·	61.23	
P.O. BOX 157 P OLD TOWN FL 32680-0157 P				Mailing Address P.O. BOX 389 OLD TOWN FL 32630-0389 US			1 186 011	1 4 1 4 14 1 4 14 1 4 14 1 4 	1 (4)/4 (1) /41	184 1 471 516)	Bii 41811 Bi	1811 8 1211 18 2 1		
2. Principal Place of Business			3. Ma	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			.	CHECK HERE IF MAKING CHANGES								
City & Sta	ate		C	ity & State				4. FEI Num	nber 59 -	6202750	5			Applied For Not Applicab	le
Zip	Zip Country			Zip Co				5. Certifica	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Current	Register	ed Agent				7. Name ar	nd Addre	ss of New	Registe	red Age	ent		7
* : **						_Name _	-:-								╗
FOX SQL		E AT FAWN PLACE				Street A	ddress (F	O. Box Num	ber is No	ot Acceptal	ble)				
, OLD TON	WN FL 3268	0				City				<u> </u>			Zip Co	de	4
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the obliga	e named entity itions of regist	y submits this statement for ered agent.	or the purp	ose of changing its	register	ed office or	registere	ed agent, or b	ioth, in th		Florida. I	am fam	illiar with	, and accept	•
SIGNATURE	·									· · ·					
200	Consider, typed	or printed name of registered agent	and title if app	olicable. (NOT	E: Registere	d Agent signetu	re required v	when remstating)			DA	TE	_		- (
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State							
	FILE NOW	: FEE IS \$61.25				• .									
10.		OFFICERS AND DIR	RECTORS	Trust Fund C		• .	」		ıs	Floi	rida De	partmo	ent of	State	
10. TITLE	ĮV	OFFICERS AND DIF	RECTORS	Trust Fund C	11.	on. [」	Added to Fee	ıs	Floi	rida De	partmo	ent of	State	(<u>%</u>
10. TITLE NAME	V SHANER, M	OFFICERS AND DIS	RECTORS	Trust Fund C	11.	on. (」	Added to Fee	ıs	Floi	rida De	partmo	ent of	State	(10/02)
10. TITLE	V SHANER, M P.O. BOX 3	OFFICERS AND DIE	RECTORS	Trust Fund C	11. TITLE NAME STREE	on. [」	Added to Fee	ıs	Floi	rida De	partmo	ent of	State	037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHANER, P.O. BOX 3	OFFICERS AND DIS	RECTORS	Trust Fund C	11. TITLE NAME STREE CITY-	On. [E ET ADDRESS - ST-ZIP	」	Added to Fee	ıs	Floi	rida De	D DIREC	CTORS IT	State N 10 Addition	12E037 (10/02)
10. TITLE NAME STREET ADDRESS	V SHANER, M P.O. BOX 3	OFFICERS AND DIF KIM 8058 PARK FL 33780-3058	RECTORS	Trust Fund C	11. TITLE NAME STREE	on. [」	Added to Fee	ıs	Floi	rida De	D DIREC	ent of	State	CR2E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V SHANER, M P.O. BOX 3 PINELLAS V.D LOMBARDO	OFFICERS AND DIF KIM 8058 PARK FL 33780-3058	RECTORS	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME	on. [」	Added to Fee	ıs	Floi	rida De	D DIREC	CTORS IT	State N 10 Addition	CR2E037 (10/02)
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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 617, 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: SANDRA STAMO COM FISE CYUINES AND SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DEFECTOR