


# AMENDED

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

FILED

03 MAY -5 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 723850</b> 1. Entity Name <b>BETA CENTER, INC.</b>	
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Principal Place of Business <b>4680 LAKE UNDERHILL ROAD ORLANDO, FL 32807</b>	Mailing Address <b>4680 LAKE UNDERHILL ROAD ORLANDO, FL 32807</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>23-7446558</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> <b>F &amp; L CORP. GREENLEAF BUILDING, THIRD FLOOR 200 LAURA STREET JACKSONVILLE, FL 32202-3527</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when remaining)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VAN HOECK, DOLLY 7604 APPLE TREE CIRCLE ORLANDO, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES/CEO HOPE KRAMER 1540 GLENCOE ROAD WINTER PARK FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SWANSON, TRACY 8216 SARAGOZA COURT ORLANDO, FL 32836</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXECUTIVE VP Katherine I Hummel 1100 S. Orlando Ave. #408 Maitland, FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD KULMANN, CHARLES 1421 NOTTINGHAM ST ORLANDO, FL 32803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000018843780 05/13/03--01061--018 **\$61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TESSITORE, CHRISTOPHER 215 N EOLA DRIVE ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: *Kramer* Date: 5/02/03 (407)277-1942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

21 5/7