FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

	MENT # 826804		,		05-21-2002 9	91236 026 ***150.00
1. Entity Nam	N-LOVE, INC.					
D	O NOT WRITE	IN THIS SP	ACE			666472
2. Principal P	Place of Business	3. Mailing Address	·			
P.O. BO		P.O. BOX 16	507			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN T	<u> </u>
City & State JACKSON, MS		City & State JACKSON, MS			4. FEI Number Applied For 64 - 0445076 Not Applicable	
Zip	Country	Zip 39215-1607	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
39215-1	1607	39213-1007		7. Nar	ne and Address of Current Regi	
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	DO NOT W	DITE			ATION SYSTEM	
ļ	DO NOT W		1200	S. P.	Box Number is Not Acceptable) [NE ISLAND ROAD) <u> </u>
	IN THIS SP	PACE				
			City			Zip Code
ĺ	·			PLANTATION FL Zip Code 33324		
8. The above	named entity submits this stateme	ent for the purpose of changi	ing its registered off	ce or registe	red agent, or both, in the State of	Florida.
						,
SIGNATURE	Signature, typed or printed name of regi-		. MOTE Deci-	4.5	gnature required when reinstating)	DATE
			ile. (NOTE: Regis	tered Agent so	aliainte ledanea mucu icuistamidi	DA16 ,
		January 1		in.L.,	gnature required when reinstating)	,
9. This corpo	pration is eligible to satisfy its Intangrequirement and elects to do so.	gible January 1 - After Ma Amend	May 1 Fee is \$150 by 1, Fee is \$550.00 led UBR is \$61.25 able to Departmen	.00	Election Campaign Finance Trust Fund Contribution.	45.00
9. This corpo	pration is eligible to satisfy its Intang	gible January 1 After Ma Amend Make Check Pay	May 1 Fee is \$150 by 1, Fee is \$550.00 led UBR is \$61.25	.00	10. Election Campaign Finance	ing \$5.00 May Be
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, withall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30 lD2

601 - 933 - 3400 Daytime Phone #