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ITAL, INC.							•		
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e of Business	Mailing Address								
C/O LINDA S. GROSS P.O. BOX 6130 P.O. BOX 6130 MALIBU CA 90264  C/O LINDA S. GROSS P.O. BOX 6130 MALIBU CA 90264									
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e Beach FI.				4. FEI Numbe		23-7174539			plied For Applicable
Country	Zip	Coi	untry		5. Certificate	of Status Desired		3.75 Add	tional
33139 90264  6. Name and Address of Current Registered Agent				<u>-</u> -	7. Name and	Address of New Reg	istered Age	ent	-
			Name Lind	a M.	Smith	, Esquire			
LINDA S. GROSS 20 ISLAND AVE., #1104 MIAMI BEACH FL 33139									
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	MENT # 830548  TAL, INC.  TE of Business GROSS O264  Tace of Business Land Avenue #, etc. 1104  Beach, FL Country  6. Name and Address of Current F  GROSS DAVE., #1104 ACH FL 33139  Take I will be a statement for I will be a s	MENT # 830548  TAL, INC.  THOL, INC.  THOL	MENT # 830548  ITAL, INC.  ITA	MENT # 830548  TAL, INC.  TAL, BALL,	TITAL, INC.  TO UNDA S. GROSS  C/O UNDA S. GROSS P.O. BOX 6130  MAUBU CA 90264  MAUBU CA 90264  TITAL, INC.  TITAL, INC.  TITAL, INC.  TITAL, INC.  TITAL, INC.  TITAL, INC.  TO UNDA S. GROSS P.O. BOX 6130  City & State Malibu, CA  Country P.O. BOX 6130  City & State Malibu, CA  To Country P.O. BOX 6130  TO AMILIAR CA  TO COUNTRY PO264  TO UNDA S. GROSS D. AVE., #1104  ACH FL 33139  TO AVE., #1104  ACH FL 33139  TO AVE., #1104  ACH FL 33139  TO AVE., #1104  TO THOMAS MALIBLE  SUBJECT OFFICERS AND DIRECTORS  THOMAS, KATHIE  STID.  THOMAS, KATHIE  STOROURA HILLS CA 91301  TO Delete  TITLE  MAME  SIREET ADDRESS CITY-ST-ZIP  WESTLAKE VILLAGE CA  PD  GROSS, LINDA 20 ISJAND AVE STE 1104  MIAME CAPT  STREET ADDRESS CITY-ST-ZIP  MOSE TITLE  Delete  TITLE  D  MAME CAPT STREET ADDRESS CITY-ST-ZIP  MOSE TITLE  D  MAME CAPT STREET ADDRESS CITY-ST-ZIP  TITLE  TO Delete  TITLE  D  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  TO DELETE  TO DELETE  TITLE  TO DELETE  TITLE  TO DELETE  TITLE  TO DELETE  T	MENT # 830548  ITAL, INC.  In of Business  GROSS  G	MENT # 830548  TAL, INC.  To Ever Business  CROSS  CO UNDA S. GROSS P. BOX 8130  MAUBU CA 9084  MAUBU CA 9084  MAUBU CA 9084  Sales Apt. #. etc. P. O. BOX 6 130  E Beach, FL  Country  Sules Apt. #. etc. P. O. BOX 6 130  E Beach, FL  Malipu, CA  City & State  Malipu, CA  Country  90264  6. Name and Address of Current Registered Agent  T. Name and Address of New Reg  CACHEL #104  ACH FL 33139  GROSS  DAVE, #104  ACH FL 33139  To Man and Address of Current Registered Agent  To Name and Address of New Reg  Super Address State  No To Registered Agent of registered agent, or both, in the state of Floric  DAVE, #104  ACH FL 33139  To Thomas G. Hagan  TO SITE And DIRECTORS  THE NOW: FEE IS \$61.25  OFFICERS AND DIRECTORS  TO THOMAS, KATHIE  B8720 CANWOOD STREET  AGOURA HILLS CA 91301  TO THOMAS G. HAGAN  TO Delete  THE B8720 CANWOOD STREET  AGOURA HILLS CA 91301  TO THOMAS G. HAGAN  TO Delete  THE B8720 CANWOOD STREET  AGOURA HILLS CA 91301  TO THOMAS G. HAGAN  TO Delete  GROSS, LINDA  20 ISLAND AVE STE 1104  MAME  SIRET ANDRESS  GROSS, LINDA  20 ISLAND AVE STE 1104  MAME  GROSS, LINDA  20 ISLAND AVE STE 1104  MAME  SIRET ANDRESS  TO TILE  GROSS, LINDA  20 ISLAND AVE STE 1104  MAME  SIRET ANDRESS  TO TILE  GROSS, LINDA  20 ISLAND AVE STE 1104  MAMM BEACH FL  Delete  TILE  MAME  TO THOMAS G. HAGAN  TO ST. Lake Filed Drive,  West-Lake Village, CA.  TO TO THOMAS G. HAGAN  TO ST. ARP  TO ST. ARP  West-Lake Village, CA.  TO TO Delete  TILE  DELETE ANDRESS  TO THOMAS G. HAGAN  TO ST. Lake Filed Drive,  West-Lake Village, CA.  TO TO THOMAS G. HAGAN  TO ST. ARP  TO S	Feb 15, 2001 Secretary of O2-15-2001 90100 036  For of Business	Feb 15, 2001 8:00 Secretary of Sta  TTAL, INC.  The design of Business  GROSS

Orange Village, OH 44022 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 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.

TITLE

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TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

D.

Marcia Leitner 555 Kings Road

Alameda, CA 94501

Barbara Brogan 135 Murcott Circle

SIGNATURE: Kathielthomas Esec Tirels

TITLE

NAME STREET ADDRESS

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NAME

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