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ESP VENTURES, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS			
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Principal Place of Business Mailing Address					i i		11 11 3;	5
	ulfshore Boulevard M , FL 34103	vorth			:			
Principal Place of Business 3. Mailing Addres		ess			٠			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State					Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of St		\$8.75 Fee Rec	Additional quired
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Add	Iress of New Register	ed Agent	<u> </u>
Lester	B.=Law, Esq.		~		المتحدد عراد			
5811 Pelican Bay Blvd., Suite 600			5	Street Addres	ss (P.O. Box Number is N	Not Acceptable)		
Naples	, FL 34108		-					
				City		F	Zip	Code
The above	e named entity submits this statement	for the purpose of chi	anging its registered of	office or regis	stered agent, or both, in	<u>_</u>		
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SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered Ag		ared when reinstating)	DAT	TE	
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SIGNATURE: ______, as President of ESP Ventures, Inc.
the General Partner H /16 / 00 941/262-7350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #