FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Zip	Country	Zip	Country		5. Certi	ficate of Status Desired	1 1 '	75 Additional
10019		107302		······································	7 Name or	nd Address of Current F		Required
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				1201 Ha	<u>ys Stre</u>	et		
			The company of a	City Tallaha	220			p Code 2301
8. The above	named entity submits this staten	ment for the purpose of cha	anging its regi			agent, or both, in the Stat		
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SIGNATURE			r	OTC 0			· ·	
	Signature, typed or printed name of re	agistered agent and title if app	licable (N	OTE: Registered	d Agent signatu	re required when reinstating) (DATE
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY J. O'BRIEN

201-499-6664 4/26/04

Date : 177年 中 PIDaytime Phone # SIGNNG OFFICER OT