
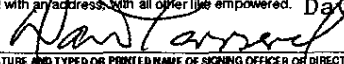


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
03 SEP 25 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800023346158  
09/25/03--01091--011 \*\*5221.00

<b>DOCUMENT # F0000006899</b>				
1. Entity Name <b>ESPLANADE DEVELOPMENT CORP.</b>				
Principal Place of Business 1803 PARK CENTER DRIVE, #220 ORLANDO, FL 32835		Mailing Address 1803 PARK CENTER DRIVE, #220 ORLANDO, FL 32835		
2. Principal Place of Business <del>1768 Park Center Drive</del> Suite 270		3. Mailing Address <del>1768 Park Center Dr.</del> Suite 270		
City & State		City & State		4. FEI Number <b>20-0208572</b>
Zip	Country	Zip	Country	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RUSH, RANDOLPH J C/O WINDERWEEDLE, HAINES, ET AL 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and date if typed name. (NOTE: Registered Agents' signature required when reissuing)</small>				
<p><b>FILE NOW!!! FEE IS \$150.00</b> After May 17, 2003 fee will be \$550.00 Amended UBR is \$81.26 Make Check Payable to Florida Department of State</p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TOWNSEND, DAVID J 1803 PARK CENTER DRIVE, #220 ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1768 Park Center Drive, #270
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
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
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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
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 Block 11 if changed, or on an attachment with an address with all other like empowered. <b>David J. Townsend, President</b>				
SIGNATURE: 		9/9/03 407-294-6400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

CR2E034 (10/02)