


FILED
Jan 21, 2003 8:00 am
Secretary of State

IN UTERO

DOCUMENT # F18895

1. Entity Name
GRAHAM BALL & ASSOCIATES, INC.



01-21-2003 90123 012 ***150.00

Secretary of State

Principal Place of Business
C/O JEFFREY P. WIELAND
200 SOUTH ORANGE AVE. STE 2600 PO 1526
ORLANDO FL 32801
US

Mailing Address
10 DALEGARTH AVE
BOLTON. ENGLAND BL1- 5DW

2. Principal Place of Business
90 WIELAND, JEFFREY P.
Suite, Apt. #, etc.
255 SOUTH ORANGE AVE
City & State
ORLANDO FLA. 32801-3483
Zip
32801
Country
USA.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-2090599

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WIELAND, JEFFREY P
200 SOUTH ORANGE AVE
STE 2600 PO BOX 1526
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
WIELAND, JEFFREY P.
Street Address (P.O. Box Number is Not Acceptable)
255 SOUTH ORANGE AVE. Suite 1700
ORLANDO FLA. 32801-3483
City
ORLANDO FL Zip Code
32801

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
Signature, typed or printed name of registered agent and title if applicable.
(address change only)
1/17/03
DATE

9. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BALL, GRAHAM
FAIRHOLME DALGARTH AVE
BOLTON, U.K.
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RILEY, DAVID G.
47 BRADSHAWGATE
BOLTON, U.K.
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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.

SIGNATURE: SIGNATURE REQUIRED
1/9/03 President.