Principal Pase of Busines  Nating Address  Na	DOCU 1. Entity Nam	MENT # F970000	BR)	FILED May 15, 2000 8:00 am Secretary of State 05-15-2000 90145 014 ***150.00					
LOUISPILLE KY 6222 U U U U U U U U U U U U U U U U U U	Principal Plac	e of Business	Mailing Address						
Sale, Apt #. de.     Sule, Apt #. de.     DO NOT WHILE IN THIS SPACE       Chy & State     City & State     City & State     Applied For       Zit     Country     Zit     Country     State Applied For       Zit     Country     Zit     Country     State Applied For       Zit     Country     Zit     Country     State Applied For       State Applied     File Number in Net Acceptable     State Applied For       State Applied     The me and Address of Current Registered Applied     The me and Address of New Registered Agent       1200 SOUTH Pile ISUMD ROAD     Enter Address (PO, Box Number is Net Acceptable)     Enter Address (PO, Box Number is Net Acceptable)       PLANTATION FL 33324     City     File Address (PO, Box Number is Net Acceptable)       Stote Address in settle state of national settle content i address     Note Address (PO, Box Number is Net Acceptable)       Stote Address in settle settle state of national settle content i address     Note Address (PO, Box Number is Net Acceptable)       Stote on the outer of national settle content i address     Note Address (PO, Box Number is Net Acceptable)       Stote on the outer of national settle content i address     Note Address (PO, Box Number is Net Acceptable)       Stote on the outer of national settle content i address     Note Address (PO, Box Number is Net Acceptable)       Stote on the outer of national settle content i address     Note Address (PO, Box Numb	LOUISVILLE KY		LOUISVILLE KY 40222-5142						
City & State       City & State       4. FEI Nummer       61-1314126       Accelebrate         Zip       Country       Zip       Country       5. Certificate of Status Des and       SB, 75, Accelebrate         Zip       Country       S. Certificate of Status Des and       SB, 75, Accelebrate       SB, 75, Accelebrate       SB, 75, Accelebrate         C T CORPORTION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FR. 33324       Street Address of New Registered Agent       Higher         C T CORPORTION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FR. 33324       Street Address of New Registered Agent       Higher         Street Address of New Registered Agent       Higher       The Address of New Registered Agent       FL         Street Address (*C). Sox Number a Not Acceptable       PL       The Address of New Registered Agent       FL         Street Address (*C). Sox Number a Not Acceptable       FL       The Address of New Registered Agent       FL         Street Address of New Registered Agent       PL       The Address of New Registered Agent       FL         Street Address of New Registered Agent       PL       The Address of New Registered Agent       FL         Street Address of New Registered Agent       PL       The Address of New Registered Agent       The Address of New Registered Agent         Street Address of New Registered Agent       PL       PL	2. Principal F	Place of Business	3. Mailing Address						
Zip       Country       Zip       Country       S. Certificate of Status Desired       SB, 75, Additional         Zip       Country       S. Certificate of Status Desired       SB, 75, Additional       SB, 75, Additional         S. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         C T CORPORATION SYSTEM       Status Desired       Status Desired         1200 SOUTH PINE ISLAND ROAD       Bittel Address (FO. Box Number Is Not Acceptable)         PLANTATION FL 33324       City       FL         City       FL       Zip Code*         4. The above named only submits this statement for the purpose of changing its registrand office or registered agent, or both or the State of Florida.         SIGNATURE       State Agent agent       POIL         Tax King registrant Agent syntaxe state and tagent of the purpose of changing its registrand office or registered agent, or both or the State of Florida.       State State         SIGNATURE       State Check Rayobio to Department of State       0. Election Composity Florida.         Sign of the florid office or agest its IntraDigity       POIL       0. Election Composity Florida.         Sign of the florid office or agest its IntraDigity       POIL       0. Election Composity Florida.         Sign of the florid office or agest its IntraDigity       POIL       0. Election Composity Florida.     <	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Zp         Country         Zp         Country         S. Certificate of Struta Desired         S 37.5 Additional free Required           8. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           C T CORPORATION SYSTEM 1200 SOUTH PINE ISJAND ROAD PLANTATION FL 33324         Strate Address (PO, Brox Number Is Not Acceptable)           C trip         FL         Zip Cucle           8. The above named antity admits this statement for the purpose of changing its registrand differs or registrand agent, or osth, in the State of Forda.         Strate Address (PO, Brox Number Is Not Acceptable)           Struct Andress (PD, Brox Number Is Not Acceptable)         The above named antity admits the statement for the purpose of changing its registrand agent, or osth, in the State of Forda.           Struct Trip         Struct Admits admits admits (Agenta agent a	City & Stat		City & State		4.	FEI Number 61-131412	6		
A Name and Address of Current Registered Agent     T. Name and Address of New Registered Agent     T. Name and Address of New Registered Agent     T. Name and Address of New Registered Agent     T. State of New Registered Agent     T. State of New Registered Agent     T. Name and Address of New Registered Agent     T. Name and Address of New Registered Agent     T. State New	Zip	Country	Zip	Country	5.	Certificate of Status Desired		.75 Add	itional
C T CORPORATION SYSTEM 200 SOUTH PHE ISLAND ROAD PLANTATION FL SSARD PLANTA	<u> </u>	6. Name and Address of Current	Registered Agent			Name and Address of New			
1200 SOUTH PINE ISLAND ROAD         PLANTATION FL 33324         City       FL       Zip Code         States Links       City       FL       Zip Code         States Links       City       FL       Zip Code       Ended         States Links       City       FLE NOW!!! FEE IS \$150.00 Attec MAY 1, 2000 Fee will be \$550.00 Attec MAY 1, 2000 Fee will be \$	CT			Nam	ie 				
	1200	SOUTH PINE ISLAND ROAD		Stree	Street Address (P.O. Box Number is Not Acceptable)				
				City			EI I	Zip Code	
SIGNATURE	8. The above	named entity submits this statement fo	the purpose of changing its	l	e or registered ac	ent. or both, in the State of F			
Tax filing requirement and elects to do so.       After MAY 1; 2000 Fee will be \$550.00       Incle Fund Contribution.       35.00 May Be Context on the state of the st	SIGNATURE	Signature, typed or printed name of registered agent.	Ind title if appliceble (NOT	TE: Registered Agent s	ignature raquired when r	einstating)	DATE		]
ITTLE       PCE0       □ Delete       TTTLE       □ Change       □ Addition         NAME       ATHERTON, PAMELA       NAME       STREET ADDRESS       Change       □ Addition         STREET ADDRESS       S01 N HURSTBOURNE PKWY #200       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       Change       □ Addition         NAME       NORDAHL, T <del>ON</del> TODD       □ Delete       TTLE	Tax filing o	requirement and elects to do so.	After MAY 1, 20	000 Fee will be	\$550.00				
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INAME       NORDAHL, FOHT TODD       Index       Index </td <td>NAME Street address</td> <td>ATHERTON, PAMELA 301 N HURSTBOURNE PKWY #2 LOUISVILLE KY 40222</td> <td></td> <td>NAME STREET ADDRE</td> <td>22</td> <td></td> <td>, · · []</td> <td>Change</td> <td></td>	NAME Street address	ATHERTON, PAMELA 301 N HURSTBOURNE PKWY #2 LOUISVILLE KY 40222		NAME STREET ADDRE	22		, · · []	Change	
Intermediate       PANNEY, TIM       Intermediate       Intermediate       Intermediate         STREET ADDRESS       GITV-ST-2IP       GITV-ST-2IP       Intermediate       Intermediate       Intermediate         ITTLE       Delete       TITLE       Intermediate       Intermediate       Intermediate       Intermediate         ITTLE       Delete       TITLE       Intermediate       Intermediat	NAME STREET <u>ADDRE</u> SS	NORDAHL, TOM TOOD 301 N HUSRTBOURNE PKWY SI		NAME STREET ADDRE	ss			Change	Addition
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NAME         STREET ADDRESS         CITY-ST-ZIP         13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		Delete	NAME STREET ADDRE	ss	,		Change	Addition
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COMPANY OF STREET	
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7	Date	7	Daytime Phone #