2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| 1. Entity Nam | | 00001029 IC. | | | | Jan 30, 20 Secretar 01-30-2002 900 | y of Sta | te |
|---|--|---|----------------------|--|------------------------------|---|--|--------------------------|
| Principal Plac 6950 PHILLIPS SUITE 51 JACKSONVILL | | Mailing Address 6950 PHILLIPS HWY. SUITE 51 JACKSONVILLE FL 32216 | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | il 16 10: Buirt (ibi) 66 100 : | ILIO IBIL IDOI |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | DO NOT WRITE IN THIS SPACE | | |
| City & State City & State | | | | | | 4. FEI Number 36-3484913 | | oplied For ot Applicable |
| Zip | Country | Zip | Cour | try | | 5. Certificate of Status Desired | \$8.75 Add | |
| | 6. Name and Address of Curren | t Registered Agent | I | | | 7. Name and Address of New Regis | stered Agent | |
| LACHANCE, HOPE 6950 PHILLIPS HWY SUITE 51 JACKSONVILLE FL 32211-6 | | | | Street Ac | Jacksonville. FL 32316 | | | |
| ŞiGNATURE | oration is eligible to satisfy its Intangib requirement and elects to do so. | nt and title if applicable. (NOTI | E Registere | d Agent signatu IS \$150.0 will be \$5 | re required w 00 50.00 | hen reinstating) 10. Election Campaign Finance Trust Fund Contribution | 8/o2 | O May Be |
| 11. | OFFICERS AN | D DIRECTORS | 12. | | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTOR | 3 IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D INGRAM, ANDREW 132-LOTS-RD SE PETECS 0 2 LONDON ENGLAND | Delete | | | 88_k | ram, Andrew Poterborough Pd don England | Æ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STANCOMB, ANTHONY 132 LOTS RD & PETTER. LONDON ENGLAND | Delete Delete | | | D | eterboogugh Rd | AT Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | I | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | i | | | Change | Addition |
| indicated of the cor | certify that the information supplied wi don this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address | is true and accurate and that r powered to execute this report | ny signa as requi | ture shall ha | ive the sa | me legal effect as if made under oath | ; that I am an officer | or director |