2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90292 026 ***150.00

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Zip Country Zip Country S. Cardificate of Status Doctined S. 75 Additional Page Required Agent T. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and	Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
Secretarion	City & Stat	e	City	& State				4. FEI Numbe	er 65-08689	42		```	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City FL Zip Code	Zip	Country	Zip		Cour	itry		5. Certificate	of Status Desired	d 🗆	\$8.75 Add	ditional	
Street Address (PO Box Number is Not Acceptable) City FL Zip Code The abover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, and accept the obligation of registered agent, or both, and accept the obligation of registered agent, or both, and accept the obligation of registered agent, or both, and accept the obligation of registered agent, or both, and accept the obligation of registered agent, or both, and	J	- 6. Name and Address of Current	Register	ed Agent				.7. Name and	Address of Nev	v Registered	Agent		
1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City FL Zip Code						Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Segment	ì					Street A	ddress (F	P.O. Box Numbe	r is Not Accepta	ble)			
8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Segment	PLANTATI	ON FL 33324											
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FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purp	pose of changing its	registere	ed office o	r registere	ed agent, or bot	h, in the State of	Florida. I am i	amiliar with,	and accept	
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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: