

<b>DOCUMENT # G79561</b>	
1. Entity Name <b>LRG, INC.</b>	

Principal Place of Business <b>% LUCIANO PRIORE, JR. 505 SWEETWATER CLUB CIR..SWEETWATER CLUB LONGWOOD FL 32779</b>	Mailing Address <b>% LUCIANO PRIORE, JR. 505 SWEETWATER CLUB CIR..SWEETWATER CLUB LONGWOOD FL 32779</b>
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2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>PRIORE, LUCIANO, JR. 505 SWEETWATER CLUB CIRCLE SWEETWATER CLUB LONGWOOD FL 32779-2130 2130</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>
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**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PRIORE, LUCIANO JR. 505 SWEETWATER CLUB CIR. LONGWOOD FL 32779-2130</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PRIORE, ELIA MARIE 505 SWEETWATER CLUB CIR. LONGWOOD FL 32779-2130</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PRIORE, LUCIANO III 505 SWEETWATER CLUB CIR LONGWOOD FL 32779-2130</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD PRIORE, RAFFAELE 153 PARKER FARM ROAD WALLINGFORD CT 06492</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD PRIORE, GIOVANNI 1850 KINGS HIGHWAY KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PRIORE, LUCIANO III 8952 ESQUERRA LANE ORLANDO, FLORIDA 32836-5443</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: <u>Luciano Priore Jr.</u> <b>Luciano Priore Jr.</b>	Date <b>4 JANUARY 2001</b>	Daytime Phone # <b>1-402-869-8934</b>
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**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90139 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)