THERAKOS, INC. Continued Plane of Business	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Aug 25, 2003 8:00 am Secretary of State	
### CFC CAPP Place of Business S. Mailing Address Sories, Apt. 4, etc. ChicK, HeRE IF MAKING CHANGES Sories, Apt. 4, etc. ChicK, HeRE IF MAKING CHANGES Sories, Apt. 4, etc. ChicK, HeRE IF MAKING CHANGES City 6, State Chick, HeRE IF MAKING CHANGES Sories, Address of During Chick, HeRE IF MAKING CHANGES Sories, Address of Status Desired Sarting Address of During Sories, Address of Status Desired Sarting Address of During Sories, Address of Status Desired Sarting Address of During Sories, Address of During Chick, Here IF MAKING CHANGES Sories, Address of Status Desired Sarting Address of During Sories, Address of Status Desired Sarting Address of New Registered Agent The New Leaf Address of During Sarting Address of New Registered Agent File Now III Sarting Address of Current Registered Agent Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of Pio. Box Number is Not Acceptable Sories, Address of P	DOCUMENT # H33345 1. Entity Name The state of the stat						æ
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S. New Park Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL. City FL. Zip Code 8. The above named and your submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obliga			Zip	Coun	try	\$9.75 Additional	
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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:

(610) 280 -1002 Dayline Phone #