4/19 2001 UNIFORM BUSINESS REPORT (いBR) DOCUMENT # H52240 Pr 10 S JAC 8. SIG 9. 11. ППLE NAM STRE CITY TITL NAM

FILED May 18, 2001 8:00 am Secretary of State

Signature Sign	GREATE	R JACKSONVILLE TRANSPO	PRTATION COMPANY			01 90290 042 ***158.75
Suite, Apt. #, etc. City & State Country Country Country S. Contificate of Status Desired See Required For Required Rea Required For Required For Required For Required For Required Sincet, Agdress (P.O. Box: Nurpiber is Not Acceptable) For Required For	IO STOCKTON	ST.	333 JENKINTOWN COMMONS, STE. 300			
Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired See Required Fee Required Fee Required To Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City TAMPA, FL 3360EL Zip Code B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. **PUNISHED FOR THE STATE OF THE STATE					T TREATEN RIVE BINNE HIRLE HEALT EVEN EARLY EARL	
City & State City & State City & State City & State Country City Country S. Certificate of Status Desired S. Rame and Address of Current Registered Agent City Corporation System 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City TMMA FL 33606L City TMMA FL 3606L	2. Principal Place of Business		3. Mailing Address			
Normal Section Secti	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City THMPA, FL 3360BL Zip Code 8. The above named gpbily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 1. The above named gpbily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 1. The above named gpbily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 1. The above named gpbily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1. The corporation is eligible to satisfy its Intangule 1. The corporation is eligible to satisfy its Intangule 1. The Registered Agent 1. The state of Florida.	City & State		City & State		4. FEI Number 59-2541803	Applied For Not Applicable
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City TAMPA FL 3360 Electron	Zip	Country	Zip	Country	5. Certificate of Status Desired	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City THAN FA FL 3 & OBL Zip Code		6. Name and Address of Current	Registered Agent	<u>'</u>	7. Name and Address of New Regist	ered Agent
8. The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE PERCENT R. DUNNING SIGNATURE POTE Registered Agent signature required when relineating) POTE Registered Agent signature required when relineating POTE Registered Agent signature required agent signature required ag	1200	SOUTH PINE ISLAND ROAD	· · · · · · · · · · · · · · · · · · ·	$-\nu c$	<u> </u>	FR #520
SIGNATURE Mexicory R. Durvivy Date		•		City 777	MPA, FL 3360	EL Zip Code
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) The make Check Payable to Department of State Title PSTD SOMERMAN, BRIAN SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition NAME SIREET ADDRESS CITY-ST-ZIP Change Addition AME SIREET ADDRESS CITY-ST-ZIP Change Addition Add	8. The above	e named entity submits this statement for				<i>y</i> 2
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Trust Fund Contribution. Added to Fees Trust Fund Contribution. Change Addition Addition Trust Fund Contribution. Change Addition Addition Trust Fund Contribution. Change Addition Addition Trust Fund Contribution. Change Addition Trust Fund Contribution. Addition Trust Fund Contribution. Addition Trust Fund Contribution. Addition Trust Fund Contribution. Change Addition Trust Fund Contribution. Addition Trust Fund Contribution. Change Addition Trust Fund Contribution. Trust Fund Contribution	SIGNATURE	Sprature, typed or priffied name of registered agent	and little if applicable. (NOTE	CINT R. V.C. Registered Agent signature requ	INICOLYS.	DATE DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing	requirement and elects to do so.	After MAY 1, 20	01 Fee will be \$550.00	Trust Fund Contribution.	☐ Added to Fees
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	
TITLE Deleta TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP	NAME : STREET ADDRESS	SOMERMAN, BRIAN 333 JENKINTOWN COMMONS, S		NAME STREET ADDRESS		☐ Change ☐ Addition Change ☐ Addition
CITY-ST-ZIP	NAME		☐ Deleta	NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		·				,
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME Street adoress	make the list of the property of a		NAME STREET ADDRESS	. میسیوند با دهید از پیدیپوندر موخود	Change Addillion
TITLE Delete TITLE Change Addition	name Street address		☐ Delete	NAME STREET ADDRESS		Change Addition
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addillon
TITLE TITLE TITLE TITLE TITLE TITLE TOTAL Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition

13. changed, or on an attachment with an add BRIAN SOMERMAN 4-11-01 215 816-0430

SIGNATURE: