FOREIGN VENTURES, INC.       08-11-2002 90175 021 ***550.00         Principal Place of Business       Mailing Address         1000 N ASHLEY DR       1000 N ASHLEY DR         STE 105       TAMPA FL 33002         US       US         2. Principal Place of Business       3. Mailing Address         Suite, Apt. #, etc.       Do NOT WRITE IN THIS SPACE         City & State       4. FEI Number         City & State       4. FEI Number         2. Principal Place of Business       3. Mailing Address         Suite, Apt. #, etc.       Do NOT WRITE IN THIS SPACE         City & State       4. FEI Number         2/p       Country         5. Certificate of Status Desired       \$6.75 Addition of the Registered Agent         MCCLAIN, DAVID H       1000 N. ASHLEY DRIVE, SUITE 105         TAMPA FL 33602-3719       Street Address of New Registered Agent         City       FL       Zip Code         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. 1 am familiar with, and the obligations of registered agent.         SIGNATURE       FUE NOW III FEE IS \$550.00         - Tak filling requirement and elects to do so	Entity Name	UNIFORM BUS			Secretary of Stat	
IOO N ASHLEY DR       IOON NASHLEY DR         STE 105       STE 105         TAMPA FL 3502       TAMPA FL 3502         US       US         2. Principal Place of Business       3. Mailing Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Z/P       Country         Z/P       Country         Z/P       Country         Suite, Apt. #, etc.       Country         Suite, Apt. #, etc.       Country         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       4. FEI Number         Suite, Apt. #, etc.       Country         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       4. FEI Number         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & Country       5. Certificate of Status Desired         Suite, Apt. #, etc.       Suite, Apt. #, etc.         MCCLAIN, DAVID H       Name <td< th=""><th></th><th>ENTURES, INC.</th><th></th><th><math>\checkmark</math></th><th>08-11-2002 90175 021 ***550.00</th><th>0</th></td<>		ENTURES, INC.		$\checkmark$	08-11-2002 90175 021 ***550.00	0
Suite, Apt. #, etc.       Suite, Apt. #, etc.       DO NOT WRITE IN THIS SPACE         City & State       City & State       4. FEI Number       Sp2654124       Applie         Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Additional Country         MCCLAIN, DAVID H       Toold Country       5. Certificate of Status Desired       \$8.75 Additional Country       \$8.75 Additional Country         MCCLAIN, DAVID H       Toold Country       5. Certificate of Status Desired       \$8.75 Additional Country         MCCLAIN, DAVID H       Street Address of New Registered Agent       Name         1000 N. ASHLEY DRIVE, SUITE 105       Street Address (P.O. Box Number is Not Acceptable)       City         City       FL       Zip Code         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. 1 am familiar with, and the obligations of registered agent.         SIGNATURE       Street Address to do so (See criteria on back)       City       FLE NOW!!! FEE IS \$550.00         -Tax filing requirement and elects to do so (See criteria on back)       Atter-September 13,2002 "Fee will big \$750.00 mills eligible to satisfy its Intangible       Added to Address for OFFICERS AND DIRECTORS       12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make Check Payable to Department of State       19. Elegtion Compaign Financing	000 n Ashley d Te 105 Ampa Fl 33602		1000 N°ASHLEY DR STE 105 TAMPA FL 33602			
City & State       City & State       4. FEI Number 59-2654124       Applik         Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Additioner Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         MCCLAIN, DAVID H       Name       Street Address (P.O. Box Number is Not Acceptable)         1000 N. ASHLEY DRIVE, SUITE 105       Street Address (P.O. Box Number is Not Acceptable)       City         R. The above named entity submits this statement for the purpose of changing its registered agent.       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered agent.       (NOTE Replayed Agent signature required when renstating)       CATE         9. This corporation is eligible to satisfy its IntangibleTX (NOTE Replayed Agent signature required when renstating)       CATE         9. This corporation is eligible to satisfy its IntangibleTX (NOTE Replayed Agent signature required when renstating)       CATE         9. This corporation is eligible to satisfy its IntangibleTX (DEC Replayed to Department of State       10. Election Campaign Financing X (Add to Note the Agent Signature required when renstating)       CATE         11. OFFICERS AND DIRECTORS       12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make Check Payable to Department of State       10. Change <td< td=""><td colspan="2">2. Principal Place of Business</td><td>3. Mailing Address</td><td></td><td colspan="2"></td></td<>	2. Principal Place of Business		3. Mailing Address			
Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Additional Status Desired         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         MCCLAIN, DAVID H       Name       Name       Name         1000 N. ASHLEY DRIVE, SUITE 105       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Index of the obligations of registered agent.       City       FL       Zip Code         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. I am familiar with, and the biligations of registered agent.       Image: City       FL       Zip Code         9. This corporation is eligible to satisfy its Intangible       File NOW!!! FEE IS \$550.00       Image: City File Code Contribution.       Atter: September 13, 2002 Fee with 'be' \$750.00       Image: City Full Contribution.       Added to Added to Added to Contribution.         9. This corporation is eligible to satisfy its Intangible       File NOW!!! FEE IS \$550.00       Image: City Full Contribution.       Added to Added to Contribution.       Added to Added to Contribution.       Added to Added to Contribution.       Added to Contribution.       Added to Contribution.       City File Address         9. This corporation is eligible to satisfy its Intangible       Image: City File Contribution. <td colspan="2">Suite, Apt. #, etc.</td> <td colspan="2">Suite, Apt. #, etc.</td> <td colspan="2">DO NOT WRITE IN THIS SPACE</td>	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Additional fee Required Agent         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         MCCLAIN, DAVID H       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         MCCLAIN, DAVID H       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         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. 1 am familiar with, and the obligations of registered agent.         SIGNATURE	City & State		City & State		4. FEI Number 59-2654124	Applied For
	Zip	Country	Zip	Country	5. Certificate of Status Desired	
MCCLAIN, DAVID H 1000 N. ASHLEY DRIVE, SUITE 105 TAMPA FL 33602-3719 City FL Zip Code City FL Distance of registered agent. SIGNATURE Signature. typed or printed name of registered agent and their i applicable. (NOTE: Registered Agent signature required when reinstating) OATE  9. This corporation is eligible to satisfy its Intangible	6	. Name and Address of Currer	nt Registered Agent			
1000 N. ASHLEY DRIVE, SUITE 105 TAMPA FL 33602-3719       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         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. 1 am familiar with, and the obligations of registered agent.       I am familiar with, and familiar with, and familiar with, and the obligations of registered agent.         SIGNATURE				Name	· · · · · · · · · · · · · · · · · · ·	
TAMPA FL 33602-3719       City       FL       Zip Code         3. 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. 1 am familiar with, and the obligations of registered agent.       Signature. typed or printed name of registered agent and the if applicable.       (NOTE: Registered Agent signature required when reinstaling)       DATE         9. This corporation is eligible to satisfy its Intangible - Tax filing requirement and elects to do so (See criteria on back)       FILE NOW !!! FEE IS \$550.00       10. Election Campaign Financing frue \$5.00 registered agent of State         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN the Belete       TITLE NAME         Internet applicable.       Internet applicable       Street Address       Street Address	-			Street Addre	et Address (P.O. Box Number is Not Acceptable)	
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A. 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. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and the if applicable.  I. Signature, typed or printed name of registered agent and the if applicable.  I. This corporation is eligible to satisfy its Intangible  Tax filing, requirement and elects to do so.  (NOTE: Registered Agent signature required when reinstating)  DATE  I. Election Campaign Financing  After September 13; 2002 Fee will be \$750:00  After September 13; 2002 Fee will be \$750:00  Trust Fund Contribution.  State Check Payable to Department of State  I. OFFICERS AND DIRECTORS  I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  ITLE  MWE  THEE NAME  STREET ADDRESS  I DON A SHLEY DR, STE 105  I DEVEN  I DEVEN I DEVEN  I DEVEN  I DEVEN  I DEVEN I DEVEN I DEVEN I DEVEN I DEVEN I				City		in Code
Inte DP □ Delete THLE □ Change □ Chang			nt and title if continuous	NTC. Designed Acres (		
AIME HILBURN, M J NAME NAME STREET ADDRESS TANDAR STE 2000 N ASHLEY DR, STE 105 STREET ADDRESS	Signa This corporatio "Tax filing:requir (See criteria on	iture, typed or printed name of registered age on is eligible to satisfy its Intangib rement and elects to do so back)	FILE NOW	/!!! FEE IS \$550.00 13;2002 Fee will be \$7 able to Department of	750:00 10. Election Campaign Financing State Trust Fund Contribution	\$5.00 May Be Added to Fees
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DST     Delete     TITLE     Change       IAME     LARA, N E     NAME       ITREET ADDRESS     1000 N ASHLEY DR, STE 105     STREET ADDRESS       ITY-ST-ZIP     TAMPA FL 33602     CITY-ST-ZIP	This corporatio Tax filing: requir (See criteria on LE DP ME HIL REET ADDRESS Y-ST-ZIP TAI	Iture, typed or printed name of registered age on is eligible to satisfy its Intangib rement and elects to do so h back) OFFICERS ANI BURN, M J DO N ASHLEY DR, STE 105 MPA FL 33602	Directors	VIII FEE IS \$550.00 13,2002 Fee will be \$7 able to Department of 12. TITLE NAME STREET ADDRESS	750:00	Added to Fees
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