


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90145 037 ***158.75

DOCUMENT # J56326
1. Entity Name
ORION Investment Properties, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
837 N. GARLAND AVENUE
Suite, Apt. #, etc.

3. Mailing Address
837 N. GARLAND AVENUE
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801 Country u.s.

Zip
32801 Country u.s.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2785905 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<u>DPT</u>	TITLE	
NAME	<u>MICHAEL J. MALONEY</u>	NAME	
STREET ADDRESS	<u>837 N. GARLAND AVE.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>ORLANDO, FL 32801</u>	CITY-ST-ZIP	
TITLE	<u>V</u>	TITLE	
NAME	<u>MARGARET MALONEY</u>	NAME	
STREET ADDRESS	<u>6600 E. Telephone Rd #1004</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>VENTURA, CA 93003</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. MALONEY Date 5-7-03 Daytime Phone # 407-245-7654

CR2E034B (12/02)