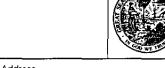
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J88835 **DOCUMENT #**

1. Entity Name

RAVENNA DESIGN, INC.



Apr 09, 2003 8:00 am Secretary of State
04-09-2003 90111 001 ***150.00

	·										
Principal Place 2321 HOLLYW HOLLYWOOD		Mailing Address 2321 HOLLYWOOD BLVD HOLLYWOOD FL 33020									
US		US									
2. Principal F	Place of Business	3. Mailing Address						I DIBIL BIDIF BI			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	ė	City & State				4. F	65-0035418		No	plied For t Applicable	
Zip	Country	Zip	(Country			Certificate of Status Desired	└ F	8.75 Add ee Require		
6. Name and Address of Current Registered Agent						7. N	lame and Address of New Reg	istered A	gent		
RAVENNA, TIMOTHY					Name						
	LYWOOD BLVD	Stree			ddress (F	idress (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33020										1	
				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. + am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00									0		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Finan Trust Fund Contribution.	Cing		May Be to Fees	
10.	OFFICERS AND DIRECTORS 1			11.		ADI	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	3 IN 11	
TITLE	DP		☐ Delete	TITLE		-			Change	Addition	
NAME STREET ADDRESS	RAVENNA, TIMOTHY 4900 FILLMORE STREET			NAME							
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL 33021			STREET ADDRESS CITY-ST-ZIP							
TITLE			Delete	TITLE	 				☐ Change	Addition	
NAME			Doloic	NAME]						
STREET ADDRESS				STREET ADDRESS						1	
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CITY-ST-ZIP				CITY-ST-ZIP							
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SINTAPENATE OUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECT