## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) L31482 **DOCUMENT #**

1. Entity Name

CULTURAL ASSETS, INC.



## **FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90139 023 \*\*\*150.00

Suits. Apt. #. etc.   City & State   City & City & State   City &		,							
Suite, Apt. 4, etc.   Gibbs	41141 GRAND RIDGE DR		PO BOX 41		 	ı Brain Brain Bibir i	TIRKI BIFIL IDAL		
City & State  Country  Cou	2. Principal Place of Business		3. Mailing Address						
SP-29/G31	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent  O'NEIL, GARY  41141 GRAND RIDGE DRIVE  UMATILLA FL 32784  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered depent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent.  SIGNATURE  Assume, typed or princed name dingitisence agent and tiles a post-basic.  (NOTE Required Agent services required agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent.  SIGNATURE  Assume, typed or princed name dingitisence agent and tiles a post-basic.  (NOTE Required Agent services required agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent.)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  10. ONEIL, CARY  1141 GRAND RIDGE DRIVE  1154 GRAND RIDGE DRIVE  1165 GRAND RIDGE DRIVE  1175 GRAND RIDGE DRIVE  1176 GRAND RIDGE DRIVE  1177 GRAND RIDGE DRIVE  1178 GRAND RIDGE DRIVE  1178 GRAND RIDGE DRIVE  1179 GRAND RIDGE DRIVE  1170 GRAND G	City & State		City & State		4. FEI Number 59-2976317	<del></del>			
O'NEIL, GARY 41141 GRAND RIDGE DRIVE UMATILLA FL 32784  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  Ci	Zip	يريوادين ويستحضن بعهد				Fee Required			
O'NEIL, GRAPY 41141 GRAND RIDGE DRIVE UMATRILA FL 32784  City FL Zip Code  6. 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  FLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registere	d Agent		
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Change Debte INTEL OFFICE ADDRESS OTH-ST-2P UMATILLA FL 32784  ###################################					Name				
Entry State Address Chr. St. 2P UMATILLA FL 32784  City FL Zip Code  Code  City FL Z					Street Address (I	P.O. Box Number is Not Acceptable)			
B. 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    Common   C	UMATILLA	FL 32784							
SIGNATURE    FILE NOW!! FEE IS \$150.00   P. Election Campaign Financing   S5.00 May Be Added to Fees   P. Election Campaign							<u> </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	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.								
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridal Department of State  10.	SIGNATURE .	Sonature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered /	Agent signature required	when reinstating) DATE	<u> </u>		
TITLE D CHANGE STO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE D CHANGE STREET ADDRESS CITY-S1-2IP  TITLE D CHANGE STREET ADDRESS CITY-S1-2IP  TITLE D CHANGE STREET ADDRESS CITY-S1-2IP  TITLE CITY-S1-2	After May 1, 2003 Fee will be \$550.00					· · ·			
TITLE MAME MAME MAME MAME MAME MAME MAME MA		•	i	11		ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP  O'NEIL, GARY 41141 GRAND RIDGE DRIVE UMATILLA FL 32784  D O'NEIL, ELIZABETH 41141 GRAND RIDGE DRIVE UMATILLA FL 32784  TITLE NAME STREET ADDRESS CITY-ST-ZIP  O'NEIL, ELIZABETH 41141 GRAND RIDGE DRIVE UMATILLA FL 32784  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		~ <del>~~</del>		_		, about of our winder to our receives.			
STREET ADDRESS CITY-ST-ZIP UMATILLA FL 32784  UMATILLA FL 32784  UNATILLA FL 32784  UNATILLA FL 32784  UNATILLA FL 32784  UNATILLA FL 32784  UITLE  NAME STREET ADDRESS CITY-ST-ZIP  UMATILLA FL 32784  UITLE  NAME STREET ADDRESS CITY-ST-ZIP  UMATILLA FL 32784  UITLE  NAME STREET ADDRESS CITY-ST-ZIP	NAME		Doleto						
TITLE NAME STREET ADDRESS CITY-ST-ZIP  O'NEIL, ELIZABETH A1141 GRAND RIDGE DRIVE UMATILLA FL 32784  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	41141 GRAND RIDGE DRIVE		STREET	T ADDRESS			}	
NAME STREET ADDRESS CITY-ST-ZIP  O'NEIL, ELIZABETH 41141 GRAND RIDGE DRIVE UMATILLA FL 32784  Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	UMATILLA FL 32784		CITY-S	ST-ZIP				
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE			Change	☐ Addition	
CITY-ST-ZIP  UMATILLA FL 32784  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			1				ĺ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	STREET ADDRESS							}	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	UMATILLA FL 32784		CITY-S	ST-ZIP			- <u></u>	
STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete				∟ Change	☐ Addition	
CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP					r ADDDECC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	-			□ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE NAME STREET ADDRESS CITY-ST-ZIP		<b>.</b>	□ Delete		Į.		Onlinge		
TITLE Delete DITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				FADDRESS			ļ	
NAME STREET ADDRESS CITY-ST-ZIP CITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-S	ST-ZIP			ļ	
STREET ADDRESS CITY-ST-ZIP CITYE CITY-ST-ZIP CITYE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	TITLE			☐ Change	Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP	NAME			NAME				ļ	
TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	STREET ADDRESS			STREET	ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-S	ST-ZIP				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete		İ		Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME								
18 THERESOCIED BY CONTROL OF THE SECOND CONT		ertify that the information cupalied with	this filing does not qualify for			ction 119 07(3)(i) Florida Statutae I further	ertify that the i	nformation	

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 Ather like empowered.

SIGNATURE: