


05-01-2003 90860 001 ***317.50

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L86493

1. Entity Name
BAY AREA TRAVEL, INC.



Principal Place of Business 1311 N. WESTSHORE BLVD. STE 250 TAMPA, FL 33607 US	Mailing Address 1311 N. WESTSHORE BLVD. STE 250 TAMPA, FL 33607 US
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <i>1511 N. Westshore Blvd.</i>	3. Mailing Address <i>1511 N. Westshore Blvd.</i>
Suite, Apt. #, etc. <i>Ste #250</i>	Suite, Apt. #, etc. <i>Ste #250</i>

City & State <i>Tampa, FL</i>	City & State <i>Tampa, FL</i>
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4. FEI Number 59-3018977	Applied For Not Applicable
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Zip <i>33607</i>	Country	Zip <i>33607</i>	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEE, BRIAN
 1311 N. WESTSHORE BLVD.
 STE 250633607
 TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name *Lee, Brian*
 Street Address (P.O. Box Number is Not Acceptable) *1511 N. Westshore Blvd Ste #250*
 City *Tampa* FL Zip Code *33607*

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, BRIAN M			NAME	BRIAN M. LEE		
STREET ADDRESS	1511 N. WESTSHORE BLVD. STE. 250			STREET ADDRESS	1511 N. WESTSHORE BLVD, Ste 250		
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP	TAMPA, FL 33607		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARAPELLA, GEORGE			NAME			
STREET ADDRESS	1511 N. WESTSHORE BLVD. STE. 250			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAG, SR., KEVIN E			NAME	Puma, Sr., Kevin E.		
STREET ADDRESS	1511 N. WESTSHORE BLVD. STE. 250			STREET ADDRESS	1511 N. Westshore Blvd. Ste 250		
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP	Tampa, FL 33607		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: *4/28/03* CALL: *813-839-1677*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)