Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  Signature  Manage and address of registered agent or price are an of registered agent agents when minimized by the state of the state of Florida.  Signature  Manage and address of current Registered Agent of the above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  Signature  Manage and address of registered agent or price are an of registered agent agents agen	DOCUMENT # L9700000877  1. Entity Name  TMG INTERNATIONAL, L.C.						FILED 01 FEB - 2 AM 10: 05				
Suite, Apt. #, otc.    Suite, Apt. #, otc.   Suite, Apt. #, etc.	3700 W. LAKE HAMILTON DR.		3700 W. LAKE HAMILTO	3700 W. LAKE HAMILTON DR.			SECRETARY OF STATE TALLAHASSEE FLORIDA.				
City & State  Country  Country  S. Certificate of Status Desired  S. Sentificate of Status Desired  S. Sentificate of Status Desired  S. Certificate of Status Desired  S. Sentificate of Status Desired  S. Sentificate of Status Desired  S. Certificate of Status Desired  S. Sentificate of Status Desired  Street Address of Now Registered Agent  Name  PLATI, VINCE  3700 W. LAKE HAMILTON DR.  WINTER HAVEN FL 33881  City  FL Zip Code  Signature required agent, or both, in the State of Florida.  Signature required agent, or both, in the State of Florida.  Signature required agent, or both, in the State of Florida.  Signature required agent, or both, in the State of Florida.  Signature required agent, or both, in the State of Florida.  Signature required agent, or both, in the State of Florida.  Signature required agent, or both, in the State of Florida.  Signature required agent agratume required agent age	2. Principal F	Place of Business	3. Mailing Address	Mailing Address							
Sponsor   Spon	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Zip Country Zip Country S. Certificate of Status Desired Status De	City & Stat	te	City & State	City & State			4. FEI Number 59-3466224 Applied For Not Applicable				
PLATI, VINCE 3700 W. LAKE HAMILTON DR. WINTER HAVEN FL 33881  City	Zip Country		Zip	Zip Country		5. Certific	ate of Status Desired		5.00 Add	ditional	
PLATI, VINCE 3700 W. LAKE HAMILTON DR. WINTER HAVEN FL 33881  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.  SIGNATURE  Signature, typed or printed name of registered agent and Side 4 applicable. (MOTE Requiremed Agent approache required when reinstating)  PATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  MANAGING MEMBERS / MEMBERS  Delete  MILE  MARE  10. ADDITIONS / CHANGES  11. Change  Change		6. Name and Address of Current	Registered Agent		2	7. Name a	and Address of New Re	gistered Age	nt		
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.  SIGNATURE    Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent agreet agent, or both, in the State of Florida.    Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent agreet agent agent agent and site if applicable. (NOTE: Registered Agent agreet agent age	PLATI, VINCE Street Addre						s (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typed or printed name of registered upont and 500 8 applicable. (NOTE: Registered Agent signature required whon reinstating)   DATE							· · · · · · · · · · · · · · · · · · ·				
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.  SIGNATURE    Signature, typed or printed name of registered agent and bill if applicable. (NOTE Registered Agent signature required whon reinstating)    PILE NOW!!! FEE IS \$50.00			e		City			FL	Zip Code	Э	
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