FILED May 28, 2004 8:00 am Secretary of State 05-28-2004 90287 003 ****50.00

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DOCUMENT, # L98000 1. Entity Name CANTERBURY ASSOCIATES	Contract of the contract of th
Principal Place of Business	Mailing Address
C/O IDM MANAGEMENT INC.	C/O IDM MANAGEMENT INC.
1 0837 CHARLESTON P LACE C OOPER CITY, FL 3 3026	1 0037 Charleston Pla ce Cooper City, FL 3302 6
2. Principal Place of Business	3. Mailing Address
M Management, Inc.	COM Management, Inc.

Principal Plac	ce of Business	Mailing Address						
	nagement inc. Rleston P l'ace	C/O IDM MANAGEMENT 1 0837 Charleston P				1		
1	Y, FL 33026	COOPER CITY, FL 330.		1101	India dua desar pada de de austres	Alla Muha Máire aidh Mhónh mair	A 1940 B) 141 B B2	
2. Principal F	Place of Business	3. Mailing Address						
w Mänag	jeffent, Inc.	IDM Manageme	ent, Inc.	05262		CR2E083 (10/03	3)	
SOB E H	Miditadio socoli	' 'ely ballan	idale Beac	h Blyde FEI	Number		Applied For	
<u>llandale</u>	, FL 33009	Haliandale, FL 3	33009	65-	-0848368	 	Not Applicable	
Zip	Country	Zip	Country	5. Cert	ificate of Status Desired	□ \$5.00 A Fee Requi	dditional	
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of New I	Registered Agent		
POPERTO	NORMÁNITESO		Name					
50 WEST	S, NORMAN T ESQ. MASHTA DRIVE, SUITE 2 AYNE, FL 33149	Street Address		Address (P.O. Box I	(P.O. Box Number is Not Acceptable)			
1 1 1 1 1 1 1 1	ATTIC, TE 00149							
			City		-	FL Zip Co		
8. The above the obligation	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office	or registered agent,	or both, in the State of FI	lorida. I am familiar wit	h, and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signs	sture required when reinstat	ting)	DATE		
Fil	ling Fee is \$50.00				B2-01	ke check pavable to	_	
	by September 8, 2004					ke check payable to la Department of St		
9.	, MANAGING MEMBE		10.		ADDITIONS	/CHANGES		
NAME	IDM MANAGEMENT INC.	Delete	TITLE NAMÉ			☐ Change	e 🗀 Addition	
STREET ADDRESS	10837 CHARLESTON PLACE		STREET ADDRESS					
CITY-ST-ZIP	COOPER CITY, FL 33026	_	CITY-ST-ZIP	l .				
TITLE	MGC	☐ Delete	TITLE			☐ Change	e 🔲 Addition	
NAME	DM Management,	inc.	NAME				_	
STREET ADDRESS CITY-ST-ZIP	1130B E. Hallandal		STREET ADDRESS					
	Hailandale, FL 330	n o	CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	e 🔲 Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	B Addition	
NAME			NAME					
STREET ADDRESS CITY+ST-ZIP	·		STREET ADDRESS					
TITLE		□ Delete	CITY-ST-ZIP					
NAME	,	LJ Delete	NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		-	☐ Change	Addition	
NAME CTREET ADDRESS			NAME	1				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		i i			
	Contifue that the information (1)	Abia filia da a a a a a a a a a a a a a a a a a	CITY-ST-ZIP	<u> </u>				
indicated	certify that the information supplied with on this report is true and accurate and billity company or the regewer or trusted	i triis tilling does not qualify for that prosignature shall have t	r the exemption sta the same legal effe	ited in Section 119.6 ect as if made unde	07(3)(i), Florida Statutes.	I further certify that the ging member or mana-	information	
limited lia	bility company or the redeiver or trusted	e empowered to execute this	report as required	by Chapter 608, Flo	orida Statutes.	J. J	g = . U. U. U	
	1//11 m	/Man -		l	11		10 C	

SIGNATURE: WWW / WOM WAGH, MEMS TO SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE