2000 UNIFORM RUSINESS REPORT (URR)

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DOCUMENT # L9900006980 1. Entity Name				FILED	
KSCA, LL			00 JAN 20 PM 4: 25		
		<u> </u>			RY OF STATE
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE. FLORIDA	
C/O GREEN & ETTINGER C/O GREEN & ETTINGER					·
770 LEXINGTON AVENUE 770 LEXINGTON AVENUE NEW YORK NY 10021-8165 NEW YORK NY 10021-8165					
NEW TORK IN	1 10021-0103	NEW TORK WI TOOL O	103		
Principal Place of Business			<u> </u>		, OCTAL BRACK COMA OCIAR CILLO IGURI ABAR BOLL FROM
2. Thropar race of business					
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
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City & State	9	City & State		4. FEI Number	Applied For Not Applied Line
Zip	Country	Zip	Country		S5 00 Additional
	,	,	,	5. Certificate of Status Desired	Fee Required
•	6. Name and Address of Current	Registered Agent	- -	7. Name and Address of Nev	Registered Agent
000000	TOU SERVICE SOURCE		Name		
CORPORATION SERVICE COMPANY Street Address				s (P.O. Box Number is Not Accepta	ble)
1201 HAYS STREET					•
TALLAHAS	SSEE FL 32301-2525				
		•	City		FL Zip Code
8. The above	named entity submits this statement for	r the purpose of changing i	ts registered office or regis	stered agent, or both, in the State of	Florida.
	;				
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if annihable (NC	DTE: Registered Agent signature requ	ired when reinstating)	DATE
	aignatura, typed or printed titaling of registrood agonitic	Inc the displacement (inc	TET TOGOTO OF THE TOTAL		*****
			NOW!!! FEE IS \$50.0		
		Make Check F	Payable to Department	of State	•
9.	MANAGING MEMBE	EDS/MEMBERS	10.	ADDITION	NS/CHANGES
9. TITLE	PAUL GREEN- WEN		TITLE		Change C.
MAME	THAT GLECK WEN	(BEX	NAME	20000	31179524
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indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have	e the same legal effect as i	if made under oath; that I am a mai	es. I turther certify that the information naging member or manager of the
limited lia	bility company or the receiver or trustee	e empowered to execute thi	s report as required by Cha	apter 608, Florida Statutes.	212
	CENIATO	10 Chenn	NOEW		1/13/000 692
SIGNAT	URE:	3017)50			
	SIGNATURE AND TYPED OR PRIM	ITED NAME OF SIGNING MANAGIN	MEMBEH WE MANAGER	Date	Day me Phone #