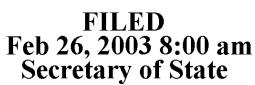
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # M66362 1. Entity Name VIRGINIA BEACH RESORT, INC.							02-26-2003 90167 002 ***150.00				
Principal Place of Business 777 NW 72 AVE SUITE 2J2 MIAMI FL 33126 US 2. Principal Place of Business		777 I Suiti Miam Us					CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.								
City & Sta	ate	City	City & State				4. FEI Number 65-0023837 Applied For				
Zip	Zip Country		ip Coun		try 5		5. (Dertificate of Status Desir		\$8.75 A	Not Applicable dditional
	6. Name and Address of Curre	nt Registere	ed Agent	L	, 				_	Fee Requir	ed
SCEMLA, CLAUDE 105 OCEAN BLVD GOLDEN BEACH FL 33160					Name Street	Address (P	ا_0	Name and Address of N	Rio	ed Agent	
				Signal Comments)	DEC AN	1	<i>) d' '</i> EL Zip Coo	de /
8. The above the obliga	e named entity submits this statemen tions of registered agent.	for the purpo	ose of changing its	registere	ed office o	or registere	d age	ent, or both, in the State of	of Florida. La	am familiar with	and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if appli	icable. (NOTE	: Registered	Agent signa	ture required w	vhen reir	nstating)	DAT		
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State			<u>.</u>	-		Election Campaign Trust Fund Contrib	n Financing	\$5.0	00 May Be d to Fees
10.	OFFICERS AN	D DIRECTOR	RS 1	11.		$\overline{\Omega}$	ADD	DITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCEMLA, CLAUDE 105 OCEAN BLVD. GOLDEN BEACH FL 33160		Delete	TITLE NAME STREE CITY-S	T ADDRESS	010		OCE AND	riel	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS		ــــ	en setto	1 / 1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	address T-zip				****	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	address T-Zip	·.				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied wit		☐ Delete	CITY-ST			,			Change	Addition

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 changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

SIGNATURE REQUIPED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR