

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


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90106 013 \*\*\*150.00

DUPLICATE AV

**DOCUMENT # M67570**

1. Entity Name  
**CRYSTAL CONNECTION, INC.**



Principal Place of Business  
**1265 APALACHEE PKWY  
TALLAHASSEE FL 32301**

Mailing Address  
**% DEBORAH A. MORNINGSTAR  
7000 W. TENNESSEE STREET  
TALLAHASSEE FL 32304**



2. Principal Place of Business  
**1233 Apalachee Pky.**

3. Mailing Address

Suite, Apt. #, etc.  
**Tallahassee, FL.**

Suite, Apt. #, etc.

City & State  
**32301 Leon**

City & State

CHECK HERE IF MAKING CHANGES

Zip  
**32301**

Country

Zip  
**Leon**

Country

4. FEI Number **59-2876284**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORNINGSTAR, DEBORAH A.  
112 BLUE HERON POINT  
HAVANA FL 32333**

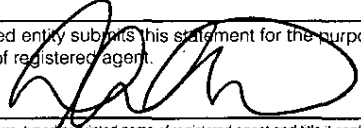
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Deborah Morningstar President** **4/15/03**

Signature, typed or printed name of registered agent and title if applicable. (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.  **\$5.00** May Be Added to Fees

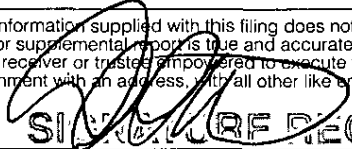
10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>MORNINGSTAR, DEBORAH A.</b>	
STREET ADDRESS <b>112 BLUE HERON POINT</b>	
CITY-ST-ZIP <b>HAVANA FL 32333</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>THOMPSON, SHERRILL C.</b>	
STREET ADDRESS <b>112 BLUE HERON POINT</b>	
CITY-ST-ZIP <b>HAVANA FL 32333</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **Deborah Morningstar** **4/15/03** **850 5399931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)