FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2003 8:00 am Secretary of State

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DOCUME 1. Entity Name	NT# M 70	32	14	4
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		An American		Name			and Address of Curre		ent
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				City				FL	Zip Code
8. The above	named entity sub	mits this statement for	the purpose of changing its		CPB or registere	ed agent,	or both, in the State of		33408 ar with, and accept
the obligation	ons of registered	agent.							
SIGNATURE _	Cionatura tuned or Brint	ed name of registered agent a	nd title if applicable (NOTE	; Registered Agent signa	ture required t	when reinstati	00)	DATE	
Jan	uary 1 - May 1	Fee is \$150.00	TO THE HEAD OF THE PARTY OF THE	. Hogistored riggs it digital	iore required		. Election Campaign F		¢5.00
er i de la companya	After May 1. Fee Amended UBF Davable to Elec-						Trust Fund Contribut	~ —	\$5.00 May Be Added to Fees
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12. I hereby certify that the information supplied with this filling 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 redeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 April 2003

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