SIGNATURE:

DOCU	MENT # M970	00000797		.2	· Signatur	•	
The strict of Business  Mailing Address  Mailing Address							
					FILED		
				01	01 AUG 20 PM 12: 17		
599 LEXINGTON AVENUE, STE. 3800		599 LEXINGTON AVE	599 LEXINGTON AVENUE. STE. 3800		RETARY OF STATE		
NEW YORK	NY 10022	NEW YORK NY 10022		TALL	AHASSEE, FLORIDA		
2 Principal I	Place of Business	3. Mailing Address					
2. Principal Place of Business  Suite, Apt. #, etc.			Suite, Apt. #, etc.				
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		13-3983981	<del></del>	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certi	5. Certificate of Status Desired		
	6. Name and Address of Cur	rrent Registered Agent	Name	7. Nam	e and Address of New Regist	<u>-</u>	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Number is Not Acceptable)		
TA	ALLAHASSEE FL 33324		City	-	<del></del>	FL Zip Coo	le
		•				<u> </u>	
8. The above	named entity submits this stateme	ent for the purpose of changing	its registered office or r	egistered agent,	or both, in the State of Florida.		
	e named entity submits this stateme	ent for the purpose of changing	its registered office or r	egistered agent,	or both, in the State of Florida.		
	e named entity submits this statement of registered name of registered		its registered office or r			DATE	
		agent and title if applicable. (()  FILE  Make Check		required when reinstate  0.00  ent of State	60000455 -08/23/01	529 <b>4</b> 6 I-01079-	021
SIGNATURE	Signature, typed or printed name of registered  MANAGING ME	agent and title if applicable. (()  FILE  Make Check	NOTE: Registered Agent signature NOW!!! FEE IS \$5 Payable to Departm	required when reinstate  0.00  ent of State	60000455 -08/23/01	529 <b>4</b> 6 101079 .00 *****	021
SIGNATURE  . 9.	Signature, typed or printed name of registered  MANAGING ME	agent and title if applicable. (I	NOTE: Registered Agent signature NOW!!! FEE IS \$5 Payable to Departm By September 26, 2	required when reinstate  0.00  ent of State	60000455 -08/23/01 *****50.	529 <b>4</b> 6 101079 .00 *****	021
SIGNATURE  .  9.  TITLE NAME	Signature, typed or printed name of registered  MANAGING ME	agent and title if applicable. (()  FILE  Make Check  Due  EMBERS/MANAGERS  Delete	NOTE: Registered Agent signature NOW!!! FEE IS \$5 Payable to Departm By September 26, 2	required when reinstate  0.00  ent of State	60000455 -08/23/01 *****50.	52 <b>94</b> 6 1-01079- .00 *****	021 50,00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING ME  MGRM  KAZILIONIS, PAUL D  284 SOUTH BEACH ROAD  HOBE SOUND FL 33455	agent and title if applicable. (()  FILE  Make Check  Due  EMBERS/MANAGERS  Delete	NOTE: Registered Agent signature  NOW!!! FEE IS \$5  Payable to Departm  By September 26, 2  10.  TITLE  NAME	required when reinstate  0.00  ent of State	60000455 -08/23/01 *****50.	52 <b>94</b> 6 1-01079- .00 *****	021 50,00
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