NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

DOCUMENT # NO000007729						04-29-2002 90117 023 ****70.00		
STRONG TOWER INC.								
					51671			
DO NOT WRITE IN THIS SPACE					:			
2. Principal Place of Business 3. Mailing Address								
3760 W.OAKLAND PK. BLVD. SAME					DO NOT WEITS IN THE COLOR			
				DO NOT WRITE IN THIS SPACE		PACE		
City & State LAUDERDALE LKS. FL		City & State	City & State		4. FEI Number Applied For 65 – 0897496 Not Applicable			
Zip 33311	Country BLD WALD	Zip	Country		5. Certificate of S	tatus Desired	8.75 Additional	
						7. Name and Address of Current Registered Agent		
DO NOT WRITE				Name COURTNEY FRASER				
					P.O. Box Number is Not Acceptable)			
IN THIS SPACE					33 MANOR			
				City SUNRISE FL Z 3351			² 93951	
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. SIGNATURE COULTNEY FRASEL Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Co				· —	\$5.00 May Be Added to Fees Make Check Payable to Department of State			
NAME R 1	OFFICERS AND DIRECT OF STREET OF STR	D ET	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			CR2E037B (12/01)	
NAME STREET ADDRESS CITY-ST-ZIP	FICER DNIA KNIGHT 500 NW 33 STREET UDERDALE LAKES,	TITLE NAME STREET ADDRES CITY-ST-ZIP	STREET ADDRESS					
NAME MO STREET ADDRESS F.T	OFFICER MONICA HAYNES 1112 TENNESSEE AVENUE FT. LAUDERDALE, FL 33312			s	DO-	NOT-WRIT	E	
STREET ADDRESS LA				s	IN THIS SPACE			
NAME 62	FICER RLTON RAYMOND DI NW 2nd STREET RGATE, FL 33063	, Þ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S				
STREET ADDRESS 93	UTNEY FRAJOR ILLI NW 33 MANOR NRISE FLORIDA 33	321 P	TITLE 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 617, 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 OF PRINTED NAME OF SIGNING OFFICIER OR DIRECTOR



(954) 739-6053