NOT-FOR-PROFIT CORPORT UNIFORM BUSINESS REPORT	TION (UBR)		Aug Promotion 199	••
DOCUMENT # N0000000780 7			FILED	
SIFTER THAT	•		02 AUG 23 AM 11: 07	
DO NOT WRITE IN THIS SI	PACE		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Buystes 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.	EST W	REINS	DO NOT WRITE IN THIS SPACE	isi
City & State EHIGH Zip Zip Zip Zip Zip	Country	FEI Number S. Certificate of St	Fee Required	le
DO NOT WRITE	Name Street Abdress	(P.O.,Box,Number is 1	Not Acceptable)	
IN THIS SPACE	3807	14 to	5 GW	
	City EH	IGH A	(RE) FL ZBSB97/	
8. The above named entity supmits this statement for the purpose of changing its SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOT	s registered office or registe		the state of Florida.	
3X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	900 DO	00073710791 -08/27/0201045004 ******61.25 ******61.25 00073710791 -08/27/0201045005 *****236.25 *****236.25 *****236.25	CR2E037B (12/01)
NAME STREET ADDRESS	NAME STREET ADDRESS			

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

CITY-ST-ZIP

4-29-02