


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90300 017 \*\*\*\*61.25

**DOCUMENT # N01000001083**

1. Entity Name  
**BAY IN ACTION, INC.**



**35043279**

Principal Place of Business <b>1517 FRANKFORD AVENUE PANAMA CITY FL 32405 US</b>	Mailing Address <b>1517 FRANKFORD AVENUE PANAMA CITY FL 32405 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number <b>59-3701829</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**CORBIN, FRED**  
**1311 TENNESSEE AVE**  
**LYNN HAVEN FL 32444**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>KANUCH, STEVE</b>	
STREET ADDRESS	<b>1517 FRANKFORD AVENUE</b>	<b>D</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CORBIN, FRED</b>	
STREET ADDRESS	<b>1311 TENNESSEE AVE</b>	<b>D</b>
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>POWERS, ANITA</b>	
STREET ADDRESS	<b>3900 MILANO RD</b>	<b>D</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KIRKLAND, SHERRI</b>	
STREET ADDRESS	<b>1419 MINNESOTA AVE</b>	<b>T</b>
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>	
TITLE	<b>BD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARBOUR, MICHAEL</b>	
STREET ADDRESS	<b>2212 W 24TH STREET</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>BD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COLE, MATT</b>	
STREET ADDRESS	<b>1305 WARE DRIVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
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)(j), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4-26-2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)