2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004177

Entity Name: THE LAST WAVE, INC.

FILED Mar 10, 2003 Secretary of State

Current Princip	New Prin	New Principal Place of Business:		
2036 36TH STRE ORLANDO, FL		5100 ADANSON ST. ORLANDO, FL 32804 New Mailing Address:		
Current Mailing	New Mail			
2036 36TH STRE ORLANDO, FL				
FEI Number:	FEI Number Applied For (X)	FEI Number Not App	olicable ()	Certificate of Status Desired ()
Name and Addr	Name and	Name and Address of New Registered Agent:		
G&L AGENT SEI 390 N. ORANGE SUITE 600 ORLANDO, FL 3	AVENUE 32801 US	ourness of changing	ite registered	office or registered agent, or both
in the State of Flo	d entity submits this statement for the porida.	ourpose or changing	its registered	office of registered agent, or both,
SIGNATURE:				
_	Electronic Signature of Registered Age	ent		Date
OFFICERS AND DIRECTORS:		ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MORGAN, DI	BUTLER DRIVE
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	WATSON, TE 1563 VICTOR	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR (LEE, SHERRI 423 S. KELLE ORLANDO, F	ER ROAD
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR (CARTER, DAI 908 S. DELAN ORLANDO, F	NEY AVE.
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR (DOUGLASS, 10636 SPRIN ORLANDO, F	G BUCK

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA TROLLINGER PRES 03/10/2003