

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90071 019 ****61.25

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

DOCUMENT # N20049

1. Entity Name
SCENIC JACKSONVILLE, INC.



JU19U3U7

Principal Place of Business
 C/O WILLIAM D. BRINTON
 1301 RIVERPLACE BLVD, SUITE 1500
 JACKSONVILLE, FL 32207 US

Mailing Address
 C/O WILLIAM D. BRINTON
 1301 RIVERPLACE BLVD, SUITE 1500
 JACKSONVILLE, FL 32207 US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input checked="" type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BRINTON, WILLIAM D 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE, FL 32207				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	INGHAM, LINDA C			NAME			
STREET ADDRESS	4192 CHURCHWELL RD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GASSETT, S. WILLIAM			NAME			
STREET ADDRESS	11120 W. RIVER CREEK DR.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32217			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRINTON, WILLIAM D.			NAME			
STREET ADDRESS	1835 CHALLEN AVE.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRESCIMBENI, JOHN			NAME			
STREET ADDRESS	5735 DICKSON ROAD			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32211			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 517, 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: William D. Brinton **WILLIAM D. BRINTON** 6-24-03 904-346-5537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)