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

| Entity Nan | | | | | | | |
|---|---|--------------------------------------|---|--|--|--|-----------------------------------|
| INTERVEN | MENT # N49785 | | | | | FILED | |
| | NTION SERVICES, INC. | | | | | | |
| | | | Too w | TRUE | | APR 14 PM 2: | |
| • | ce of Business | Mailing Address | | | <u>. 5</u> Ęt | CRETARY OF ST. LAHASSEE, FLO | 411- |
| ISO SPARTAN DR WAITLAND FL 32751 | | P.O. BOX 367 BABSON PARK FL 33827 | | | FAL | LAHASSEE, FLO | RIDA |
| | | | | | (10011161 Bet 01010 1061 1008) | ITIDI ANI AITI WAN DITI AND | 11011 1 1011 1 01 1 |
| | Place of Business | 3. Mailing Address | | | | | |
| | Creekside Drive | 620 Nor+5 Ct | raycroft | | | | |
| Suite, Apt | | Suite, Apr. #, etc. | | } | CHECK HE | RE IF MAKING CHANGE | ES |
| City & State Clearwater, FL | | City & State Tues on , Arizona | | | 4. FEI Number 65-0439778 Applied For Not Applied For | | Applied For Not Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desire | \$8.75 | |
| 337 | | 857/1 | USA | | | Fee Requ | ired |
| | 6. Name and Address of Current I | Registered Agent | Name | | 7. Name and Address of Ne | w Registered Agent | |
| EHRLICH | IRA | | | <u>C7</u> | Corporation | System | <u> </u> |
| 141 FAIRCHILD ST | | | | | O. Box Number is Not Accepta | Island 1 | |
| BABSON | PARK FL 33827 | | | | | | |
| | | | City | Pla | ntation | FL Zip C | ode 3 2 4 |
| 8. The above | named entity submits this statement for | the purpose of changing its | registered office or | | _ | Florida. I am familiar wit | h, and accept |
| the obliga | tions of registered agent. | 11 | | | | | |
| | Hy.h die | Marga con | dice L. Ma | 11 | | 4/7/03 | |
| SIGNATURE | Signature, typed or printed name of registered agent a | | E: Registered Agent signat | | | DATE | |
| | FILE NOW: FEE IS \$61,25 | i i | mpaign Financing Contribution. | | | Make Check Payab orida Department o | |
| | | | | | Anged to Lees 1516 | onac population o | i State |
| 10. | OFFICERS AND DIF | ECTORS | 11. | | DDITIONS/CHANGES TO OFF | | |
| TITLE | SD | ECTORS Delete | 11. | Al | DDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS | IN 10 |
| TITLE NAME | SD HODAPP, SHIRLEY | | TITLE NAME | CHPI Fletc | DDITIONS/CHANGES TO OFFI RABN + Directo her Macus Ker | ICERS AND DIRECTORS | IN 10 |
| TITLE | SD HODAPP, SHIRLEY 493 N CROOKED LAKE DRIVE | | TITLE | Al CHPI Fletc 620 | DDITIONS/CHANGES TO OFF RMAN + Directo her McCusker V. craycroft | ICERS AND DIRECTORS | IN 10 |
| TITLE NAME STREET ADDRESS | SD HODAPP, SHIRLEY | D Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHAI Fletc 620 C Tucs | DDITIONS/CHANGES TO OFF RMAN + Directo her Mc(usker V. craycroft on M2 857// Jent + Director | ICERS AND DIRECTORS | IN 10 e Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HODAPP, SHIRLEY 493 N CROOKED LAKE DRIVE BABSON PARK FL 33827 PD BECK, DAVID | | TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME | CHPI Fletc 620 A Tucs Presia | DDITIONS/CHANGES TO OFFI RMAN + Directo her Mc(usker V. craycroft on 182 857// dont + Director in Favis | ICERS AND DIRECTORS Chang | IN 10 e Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | SD HODAPP, SHIRLEY 493 N CROOKED LAKE DRIVE BABSON PARK FL 33827 PD BECK, DAVID 7654 TONYA COURT | D Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | CHPI Fletc 620 1 Tucs Presid Mart 35 km | DDITIONS/CHANGES TO OFFI RMAN + Directo her Mc(usker V. craycroft on M2 857// dont + Director in Favis collwood Estates | Chang | IN 10 e Addition |
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of the corporation of the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SMILE DELLE DUIRED

3/26/03 520 748 7108