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

DOCUMENT # N9400005004



Apr 02, 2003 8:00 am \$ Secretary of State 04-02-2003 90383 046 ****70.00

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2. Principal Place of Business 3				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI Number 59-3272028				Applied For Not Applicable	e	
Zip	Country			Zip									\$8.75 Additional Fee Required	
6. Name and Address of Current Register				tered Agent				7. Name an	d Addre	ss of New	Registered	l Agent		\Box
					_	Name								
	KI, SUSAN				•	≔Street A	ddress:(F	P.O.: Box-Numb	oor-ie-Not	Acceptable	le)			
	H TERRACI													4
ST. PETE	RSBURG F	L 33710												Ì
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		y submits this statement fo	or the purp	oose of changing its	register	ed office o	r registere	ed agent, or bo	oth, in the	State of F	lorida. I an	n familiar with	i, and accept	
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SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	d Agent signat	ture required	when reinstating)		<u></u>	DATE			=
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: