


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

<b>DOCUMENT # N98000003056</b>					
1. Entity Name <b>LOL ENTERPRISES, INC.</b>					
Principal Place of Business 105 TARRAGONA WAY DAYTONA BEACH, FL 32114			Mailing Address 105 TARRAGONA WAY DAYTONA BEACH, FL 32114		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KING, ROBIN R 105 TARRAGONA WAY DAYTONA BEACH, FL 32114				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> Zip Code	
8. The above named entry 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 <i>Robin King</i>				DATE <i>5/10/03</i>	
SIGNATURE (Type or printed name of registered agent, and date if applicable)				DATE (NOTE: Registered Agent's signature required when reinstating)	
FILE NOW: FEE IS \$81.25		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	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, VELMA		NAME		
STREET ADDRESS	3437 SPRING OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32119		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELS, SUSAN		NAME		
STREET ADDRESS	170 TAGANONA DR		STREET ADDRESS		
CITY-ST-ZIP	NSB, FL 32169		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINLEY, LOREN		NAME		
STREET ADDRESS	740 BOSTON AVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH, FL, 32116		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, KAREN		NAME		
STREET ADDRESS	912 NIXON LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32119		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARFOGLIA, LUCI		NAME		
STREET ADDRESS	4050 S. PENNISULA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WILBER BY THE SEA, FL 32127		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNE, CUMMINGS		NAME		
STREET ADDRESS	3 SILVER LAKE WAY		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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: <i>Robin King</i>				DATE: <i>5/10/03</i> 386-274-3857	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

90135895



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3546908** Applied For (Not Applicable)

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CR2E037 (10/02)