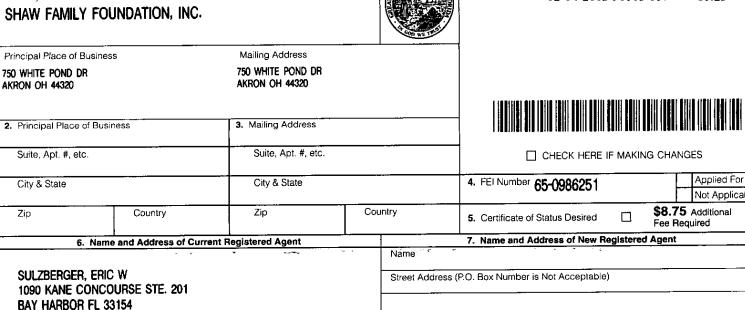
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9900007527

1. Entity Name

the obligations of registered agent.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90105 017 ****61.25

Applied For

Zip Code

FL

Not Applicable

| SIGNATURE . | Signature, typed or printed name of registered agent and title if app | equired when reinstating) | tating) DATE | | | |
|--|--|---|---------------------------------------|---|------------------------------|------------|
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | Make Check Payable to Florida Department of State | | |
| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES | TO OFFICERS AND DIRECTORS IN | 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHAW, JERRY 4740 S, OCEAN BLVD #1616 BOCA RATON FL 33487 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHAW, PATSY L 4740 S, OCEAN BLVD #1616 BOCA RATON:FL-33487 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | VP SHAW, DEBORAH L 3303 WYNDHAM CIR #247 ALEXANDRIA VA 22302 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FOSTER, GRETA C/O 750 WHITE POND DR AKRON OH 44320 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WISE, MICHAEL C/O 750 WHITE POND DR AKRON OH 44320 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | pertify that the information supplied with this filing | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |

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

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. 330-869-

SIGNATURE:

Jan. 13,2003 2424 ept. 304