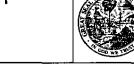
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000009451

1. Entity Name CASSETTE, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90092 030 ***150.00

					6	′					
Principal Plac 2608 REEF C ORLANDO FL		P.O. B	Mailing Address P.O. BOX 5803 WINTER PARK FL 32793								
2. Principal F	Place of Business	3. Mailin	3. Mailing Address								
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	te	City &	City & State				FEI Number 59-3621503			oplied For ot Applicable	7
Zip Country		Zip	Zip Countr			5. Certificate of Status Desired See Required			ditional	1	
	6. Name and Address of Curre	nt Registered	Agent			7.	Name and Address of New Reg				_
LIOPOFIA	TUDIAG	<u></u>		يجيئ ينت	-Name		<u> </u>				7-
	., THOMAS EF COURT		Street Addres			s (P.O. Box Number is Not Acceptable)					
ORLANDO	O FL 32805										
					City			FL	Zip Cod	le .	1
	named entity submits this statemen tions of registered agent.	t for the purpos	e of changing it	s registere	d office or regist	tered ag	ent, or both, in the State of Floric	la. I am fai	niliar with,	and accept	1
SIGNATURE	•:										
SIGNATORE:	Signature, typed or printed name of registered ag	ent and title if applica	able. (NO	TE: Registered	Agent signature requi	red when r	einstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department		State				9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.0 Added	0 May Be d to Fees	
10.		D DIRECTOR	3	11.	· · · · · · · · · · · · · · · · · · ·	ΑĒ	DITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 11	╛.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORRELL, THOMAS 2608 REEF COURT ORLANDO FL 32805		☐ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					[Change	☐ Addition	
TITLE	t*-		☐ Delete	TITLE	į.			[Change	Addition]
NAME STREET ADDRESS CITY-ST-ZIP		للتوحفوه للسمست مسيد			T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			-		ĺ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		333	☐ Delete					[Change	Addition	
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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 607, 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:

MATURERED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR