

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90310 027 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <span style="font-size: 1.5em;">P000000016107</span> 1. Entity Name <span style="font-size: 1.2em;"><b>JAM OF CENTRAL FLORIDA, INC.</b></span>																																																																									
<b>DO NOT WRITE IN THIS SPACE</b>																																																																									
2. Principal Place of Business <b>460 SIMONAN BLVD.</b>		3. Mailing Address <b>SAME</b>																																																																							
Suite, Apt., etc. <b>STE 104</b>		Suite, Apt., etc. 																																																																							
City & State <b>CASSELBERRY</b>		City & State 																																																																							
Zip <b>FL 32707</b>	Country 	4. FEI Number <b>597172985</b>																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																							
- 7. Name and Address of Current Registered Agent - Name <b>MATTHEW STAMER</b> Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b> City _____ State <b>FL</b> Zip Code _____																																																																									
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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.  SIGNATURE <b>JAY JACKSON VP / MATTHEW STAMER P</b> <small>(NOTE: Registered Agents' signatures required when re-designating)</small> DATE _____																																																																									
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>																																																																							
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																									
<b>11. OFFICERS AND DIRECTORS</b>																																																																									
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or on an attachment with an address, with all other like employees.																																																																									
SIGNATURE: <b>[Signature]</b> <small>(SIGNATURE TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>		Date <b>407331-7600</b> <small>Obliging Phone #</small>																																																																							