2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000023956							FILED Jan 18, 2001 08:00 AM				
1. Entity Name SUNSET TI		RTATION CORPORA	TION				Secretary of	of St	ate		
Principal Place		s	Mailing Address	<u></u>	<u> </u>						
MIRAMAR 33025	WAI	FL	MIRAMAR 33025		FL						
2. Principal Pi	lace of Busin	ness	3. Mailing Address 9965 MIRAMAR PARKWAY							-	
Suite, Apt.			Suite, Apt. #, etc. SUITE # 129				DO NOT WRITE IN THIS SPACE				
City & State MIRAMAR FL			City & State				4. FEI Number Applied For 65-0999656 Not Applicable				
Zip 33025	6 Name	Country	Zip 33025	Coun	intry		5. Certificate of Status Desired	X	\$8.75 Add	ditional	
	o. Name	and Address of Current	Registered Agent	-	Name	7	. Name and Address of New R	egistere	d Agent		
BRYANT 3061 THAM	LISA ES WAY		•	SUMNER Street Address 9965 MIRAMAE			SA . Box Number is Not Acceptable RKWAY)			
MIRAMAR 33025		1	FL	SUITE # 129 City				F	Zip Cod	e	
8. The above	named entit	v submits this statement for	or the nurnose of changing its	register	MIRAM.		agent, or both, in the State of Flo		33025		
Tax filing re	oration is elig	or printed name of registered agent gible to satisfy its Intangible and elects to do so.	V, N, 2 4-70	III FEE	IS \$150.i will be \$5	550.00	10. Election Campaign Fin Trust Fund Contribution		\$5.0	10 May Be	
11.		OFFICERS AND	DIRECTORS	12.			ADDITIONS/CHANGES TO OFFI	CERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	PD BRYANT	LISA MES WAY	☐ Delete	TITLE NAM	E	PD SUMNEI			X Change	☐ Addition	
CITY-ST-ZIP	MIRAMA		FL 33025		ET ADDRESS - ST-ZIP	MIRAM		FL	33025	<u>-</u>	
TITLE NAME STREET ADDRESS		MES WAY	☐ Delete		e Et address	D DORSET 9965 MII	T DOMINIQUE RAMAR PARKWAY SUITE #129		∑ Change	☐ Addition	
CITY-ST-ZIP	WIRAMA VD	<u> </u>	FL 33025	-	- ST-ZIP	MIRAM	AR	FL	33025		
TITLE NAME STREET ADDRESS	JACKSON 3061 THA	MES WAY	L.J. Delete		e et address	VD JACKSO 9965 MII	N BARBARA RAMAR PARKWAY SUITE # 129		⊠ Change	Addition	
CITY-ST-ZIP	MIRAMA	R	FL 33025	-	-ST-ZIP	MIRAM	AR	FL	33025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						Change	☐ Addition	
NAME STREET ADDRESS		7.47	☐ Delete	TITLE NAMI STRE	ET ADDRESS				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAMI STRE	e et adoress			_	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby condicated of the corr	poration or ti	nt or supplemental report is he receiver or trustee emo	n this filing does not qualify fo	NAMI STRE CITY- r the exer my signal	ET ADDRESS -ST-ZIP mption stat	iava tha con	on 119.07(3)(i), Florida Statutes. I ne legal effect as if made under c orida Statutes; and that my name	ath, that	certify that the i	nformation	

01/18/2001

Daytime Phone #

Date

SIGNATURE: LISA.SUMNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR