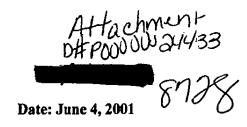
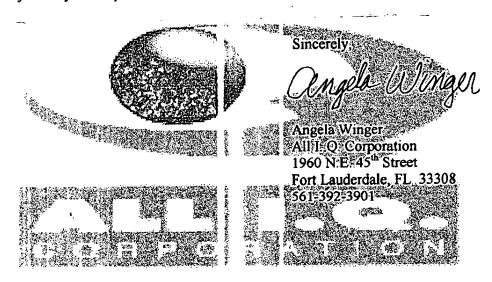
		NESS REPC	FILED Jun 26, 2001 8:00 am Secretary of State 06-06-2001 90007 033 ***150.00
Principal Place of Business 1960 N.E. 45TH ST. FT. LAUDERDALE FL 33308		Mailing Address 1980 N.E. 45TH ST. FT. LAUDERDALE FL 33308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & Sta	ato	City & State	4. FEI Number Applied For Not Applied For Not Applied For
Zip	Country	Zip	Country 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WINGER, ANGELA 1980 N.E. 45TH ST. FT. LAUDERDALE FL 33308			Streol Address (P.O. Box Number is Not Acceptable) City FL Zip Code
SIGNATURE 9. This corp Tax filing		d title if applicable. (NOT	Pegistered office or registered agent, or both, in the State of Florida. Pegistered Agent Eignature required when reinstating) DATE I FEE IS \$150.00 10. Election Campaign Financing Trust Fund Contribution. Added to Feee
11.	OFFICERS AND D	RECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS GITY-ST-ZIP BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ITILE Change Addition S NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
NTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE Change Addition NAME STREET ADDRESS CITY-SI-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE Change Addition NAME STREET ADDRESS CITY-SI-ZIP
TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Delete	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
indicated of the cor	the this report or expolemental report is t	rue and accurate and that re rered to execute this report	the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT	URE: SIGNATURE AND PRES OR PRES	HTED HAME OF STAING OFFICER	4-/5-0/ 561-393-390/ R DIRECTOR Date Daysing Phone #



To Whom It May Concern:

I filed my UBR online in April and I noticed it wasn't on my credit card bill. I called and spoke with your main office, and they told me that this payment/filing was not received. They requested I sent payment and this reason to you. Please feel free to contact me and thank you for your help.



Mark Winger - C.E.O