2091 UNIFORM BUSINESS REPORT (UBR) FILEU **DOCUMENT #** P0000029959 SECRETARY OF STATE TIVISION OF CORPORATIONS OLMAY 14 AM 8: 05 AK BLAKE MANAGEMENT COMPANY Principal Place of Business Mailing Address 10831 NW 9TH COURT 10831 NW 9TH COURT PLANTATION, FL 33324 PLANTATION, FL 33324 3. Mailing Address 2. Principal Place of Business 6216 NW 125TH AVE 6216 NW 125TH AVE Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number CORAL SPRINGS 65-0994467 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33076 FLFee Required 6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 6216 NW 125TH AVE CHERRY, KIM A. 10831 NW 9TH COURT **Zip Code** 33076 PLANTATION, FL 33324 SPRINGS, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS X Change Addition TITLE Delete TITLE NAME CHERRY, KIM A. 10831 NW 9TH COURT NAME 6216 NW 125TH AVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CORAL SPRINGS, FL 33076 PLANTATION, FL 33324 TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE TITLE Delete NAME NAME 300004215843 STREET ADDRESS STREET ADDRESS -05/14/01--01132--001 CITY - ST - ZIP CITY - ST - ZIP \*\*\*\*150.00 9999\*\*13/9990 TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - 71P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13, 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 11 or Block 12 if chapged, or on an attachment with an address, with all other like empowered. KIN'. A. CHERRY SIGNATURE: Kin Slavy SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

STE FL 32381E 1