

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

DOCUMENT # P00000035525
 † Entity Name
 Big Brothers of Orlando, Inc.

FILED

02 AUG 30 PM 3:02

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 900008021339--1
 -09/25/02--01061--029
 *****8.75 *****8.75

2002 AMENDED

2. Principal Place of Business 900 Ivey Lane Suite, Apt. #, etc.		3. Mailing Address 900 Ivey Lane Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32811	Country Orange	Zip 32811	Country Orange

4. FEI Number 59 3634971	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Khaloun Al Khub	
Street Address (P.O. Box Number is Not Acceptable) 2729 Palm Isle Way	
City Orlando	Zip Code FL 32829

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)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$81.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Director Khaloun Al Khub 2729 Palm Isle Way Orlando, FL 32829	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900008021339--1 -09/25/02--01061--030 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President, Director Khaled Al Khub 2733 Palme Isle Way Orlando, FL 32829	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Ehrad Fahad Al Khub 2732 Palm Isle Way Orlando, FL 32829	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

SIGNATURE: Khaled Al Khub KHALED AL KHUB VP/DIRECTOR AUG.28,2002 (407)323-7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #