FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P00000 37280

C-SONYA INC

SIGNATURE:



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90938 018 ***150.00

Daytime Phone #

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| 2. Principal Place of Business 578 NOON ANGE AV | | 3. Mailing Address | | | • |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | . ST2 - A | City & State | City & State | | Applied For Not Applicable |
| Zip ろこ を | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | 7. Name and Address of Curren | Registered Agent |
| | DO NOT | A/DITE | Name Name | | |
| Silver State (Annual State) | DO.NOT.\ | and the man interest the transfer that the thirty and a law inter- | Street Address | (P.O. Box Number is Not Acceptable | Aue |
| | IN THIS S | PACE | | | - Huc |
| | | | City | | Zíp Code |
| | The second of th | | OFLAM | | L 32801 |
| 8. The above the obligation | named eatity submits this statement one of registered agent. | nt for the purpose of changing | its registered office or registe | ered agent, or both, in the State of Fl | orida. I am familiar with, and accept |
| | Harris Co. O. | | | 1 1 . | |
| SIGNATURE _ | Signatule, typed cyprint diname of registered a | gent and title if applicable. (N | OTE: Registered Agent signature require | d when reinstating) | 5-03 |
| Jan | uary May 1 Fee is \$150.00 | CHELL CHENTER CONTROL | STE STEER ST | (A Million Mil | - DAL |
| | After May 1, Fee is \$550.00 Amended UBR is \$61.25 | | | Election Campaign Fir Trust Fund Contribution | - 40.40 May be |
| Make Check | Payable to Florida Departmen | st-military fright first spectral firsts | | Trader and Commission | Added to rees |
| 10. | | ND DIRECTORS | The second secon | | |
| TITLE NAME | PRESIDENT | • | TITLE | | |
| STREET ADDRESS | CAPFICE V | v せんナック | STREET ADDRESS | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. hereby ce | ertify that the information supplied | with this filing does not qualify t | | ection 119.07(3)(i), Florida Statutes | further certify that the information |
| indicated of of the corp attachmen | on this report or supplymental repo poration or the receiver or trustee a t with an address with all other like | rt is true and accurate and that impowered to execute this rep empowered. | t my signature shall have the ort as required by Chapter 6 | ection 119.07(3)(i), Florida Statutes, same legal effect as if made under 07, Florida Statutes; and that my na | path; that I am an officer or director me appears in Block 10 or on an |