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

FILED May 06, 2003 8:00 am Secretary of State

05-06-2003 90047 049 ***150.00

DOCUMENT # 1. Entity Name	P00000042648			
SEASHORE	ADVERTISING	CORP.		

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8. The above named enth subritis tips sharpenent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SOFTA: See Fas mediating of registered dependent agent and title 1 application. OFFICE Registered agent. OF DOTAL Purpose of Projection. (NOTE Registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both. International Department of State OFFICER AND DIRECTORS OTHER ADDRESS OTHER A	To Name and Address of Current Registered Agent Name BUTLEN, JAMES L. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)					
Softway is based for merchanical dispersional like in application. January N. Way 1 Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Cheek Payable to Florida Department of State O		named entity submits the systement for			OEMBROKE PINES egistered agent, or both, in the State of Fic	
After May 1, Fee is \$550.00 May Re Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE TITLE				BUNKA Registered Agent signature	PMS required when reinstating)	4/24/03
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12. I hereby certify that the information supplied with this filling 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 trop 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 10 or on an attachment with an address, will all other like empowered.

SIGNATURE:

OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

954-989-2391