


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

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90099 026 ***158.75

DOCUMENT # <u>P00000053307</u>	
1. Entity Name <u>FAMILY HAIR CENTER, INC</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>8115 CANAVERAL BLVD</u>	3. Mailing Address <u>SAME</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>CAPE CANAVERAL FL</u>	City & State <u>FL</u>	4. FEI Number <u>59-3637839</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32920</u>	Country <u>BREVARD</u>	Zip <u>32920</u>	Country <u>FL</u>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>SARAH LONG</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>8115 CANAVERAL BLVD</u>	
City <u>CAPE CANAVERAL</u>	Zip Code <u>FL 32920</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRES - SEC/TREAS/M/V</u> <u>SARAH LONG</u> <u>8115 CANAVERAL BLVD</u> <u>CAPE CANAVERAL, FL 32920</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH LONG Sarah Long 4-14-04 321-783-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)