FOR PROFIT CORPORATION WINIFORM BUSINESS REPORT (UBR) **DOCUMENT#** 100000080 03 OCT 27 PM 5: 22 000000 907 SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address 886 CASTLETOWER ROAD 2. Principal Place of Business 886 CASTLETOWER KOAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3702846 City & State City & State Applied For TALL AHASSEF TALLAHASSEE FLOKIDA FLORIDA Not Applicable . Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent HARDEE DO NOT WRITE Box Number is Not Acceptable)

PINCKNEY IN THIS SPACE ADISON 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) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE YRESIDENT TITLE NAME NAME ARY HARDEE III STREET ADDRESS STREET ADDRESS STREET CITY-ST-ZIP CITY-ST-ZIP ADISON TREASURÉR TITLE TITLE NAME MARC BESHARA NAME 6 CASTLETOWER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

10/24/03

CHEAP CHEATS, INC. 886 CASTLETOWER RD TALLAHASSEE, FL 32301

DEAR SIR OR MADAME:

WE WERE IN THE PROCESS OF CHANGING ACCOUNTANTS IN 2003 AND IN THIS PROCESS SOME PAPERWORK MAY HAVE BEEN LOST. I UNFORMUNATELY NEVER RECEIVED THE PAPERWORK TO RENEW" OUR CORPORATION FOR 2003, THE LOSS OF THE PAPERWORK MAY HAVE BEEN A RESULT OF AN UNHAPPY ACCOUNTANT WHO WAS NO LONGER EMPLOYED BY OUR COMPANY.

IT WAS ONLY IN THE PAST WEEK THAT, BY CHANCE, OUR NEW ACCOUNTANT HAPPEN TO CHECK YOUR WEBSITE AND DISCOUER THAT THE PAPERWORK HAD NOT BEEN RENEWED. IN THE TRANSFER OF PAPERWORK OUR NEW ACCOUNTANT FEELS CONFIDENT THAT SHE DID NOT RECEIVE THOSE FORMS,

I DO APPRECIATE YOUR CONSIDERATION IN REVIEWING THE FEES THAT ARE DUE. I AM CONFIDENT THAT THIS ERROR WILL NOT OCCUR AGAIN.

THANKS MARC BESHARA