

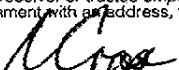


FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000099149				Secretary of State		
1. Entity Name BLUE VISTA, INC.						
Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401		Mailing Address 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401				
DO NOT WRITE IN THIS SPACE						
		01262004 No Chg-P CR2E034 (10/03)				
		4. FEI Number 65-1051078		Applied For Not Applicable		
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent E. LLWYD ECCLESTONE 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DCP E. LLWYD ECCLESTONE 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DVT COOPER, RON 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH, FL 33401					
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401					
TITLE NAME STREET ADDRESS CITY-ST- ZIP						
TITLE NAME STREET ADDRESS CITY-ST- ZIP						
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 		Ron Cooper, Treasurer 4/1/04 (561) 686-2000				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				