

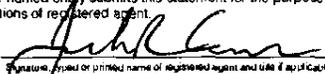
Amend

FILED

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000099606					
1. Entity Name PROFESSIONAL SKYDIVERS, INC.					
Principal Place of Business 400 W. AIRPORT DRIVE BLDG. #3 SEBASTIAN, FL 32958			Mailing Address 400 W. AIRPORT DRIVE BLDG. #3 SEBASTIAN, FL 32958		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3886236 Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESSE, LYLE 400 W. AIRPORT DRIVE BLDG. #3 SEBASTIAN, FL 32958			Name Jack R. Ceman Street Address (P.O. Box Number is Not Acceptable) 106 Habersham Drive City Flagler Beach FL Zip Code 32136		
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 		Jack R. Ceman		DATE 17 Oct 2003	
<small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when amending)</small>					
<small>FILE NOW!!!! FEE IS \$150.00 ARef May 13 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESSE, LYLE		NAME	Jack R Ceman	
STREET ADDRESS	400 W. AIRPORT DRIVE BLDG. #3		STREET ADDRESS	106 Habersham Dr	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lisa Briggs	
STREET ADDRESS			STREET ADDRESS	400 W AIRPORT DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Jack R Ceman		DATE Oct 17 2003 Phone # 386 489-5167	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



CHECK HERE IF MAKING CHANGES

CR20034 (1/07/02)

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10/31/03--01050-003-4451.25

TK