2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000117606 DOCUMENT

1. Entity Name



FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90796 044 ***150.00

Principal Pilace of Business 70 North BEACH LINE SWASCOT R 19224 2. Principal Pilace of Business 80 North State 190 North Sta	PARALLA											
Sulle, Agt. 4, ntc. CHECK HERE IF MAKING CHANGES City & Stoto County Zip County S. Certificate of Status Desired S. 75 Auditional Fee Requisions 6. Name and Address of Current Registered Agent Name Nam	760 INDIAN BI	EACH LANE	760 II	760 INDIAN BEACH LANE								
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addr	City & Stat	e	City	City & State			4. [65-1070763				
POLITZ, SAMUEL Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip	Zìp Cour		try 5. C		Certificate of Status Desired				7
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SARASOTA FL 34234 STEET ADDRESS STEET AD						Name						
SARASOTA FL 34234 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both in the State of Florida. I am familiar with, and accept the state of					Street Address (P.O. Box Number is Not Acceptable)						1	
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of the corporation or the receiver or trustee empoyered changed, or on an attachment with an address, with all

SIGNATURE:

TELLIUM. AME OF SIGNING OFFICER OR DIRECTOR 941 351)206