FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701000027365 FILED, One Crow, Inc. 03 SEP 26 AM 9: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 200023554912 10/03/03-01088-018 **150,00 2. Principal Place of Business G173 NW 112 CT 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number 1089362 City & State Applied For City & State Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Shannon Crowell DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 5173 NW 112 GOVIT 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) Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. President | Shannen Crawell CR2E034B (12/02) TITE TITLE NAME NAME 5173 NW 117 ct STREET ADDRESS STREET ADDRESS 33178 MIRMI CITY-ST-ZIP CITY-ST-ZIP TITI F TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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-ZIP TITLE IME 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-7IP 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 eath; 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. James & Crowell Z4 03 305 639 ZS8

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September 25, 2003

Uniform Business Report Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:

UBR Report Filing

Receipt of Documentation

To Whom It May Concern:

The Uniform Business Report being filed on behalf of ONE CROW, INC. is being filed late due to the Corporation not having received the required documentation for filing. Please accept our payment of the regularly scheduled filing fee of 150.00 as directed by Division of Corporation personnel on September 24, 2003.

Thank you for your understanding.

Président