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

DOCUMENT # P0100003765)

Apr 02, 2002 8:00 am Secretary of State

1. Entity Name JETRUNNER, INC					04-02-2002 90146 0	17 ***150.00	
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 3. Mailing Address 7924 Kisn		net Stre	_4	R0057285			
Suite, Apt. #, etc. Suite, Apt. #, etc.		ner One	DO NOT WRITE IN THIS SPACE				
City & State OPA LOCKA	Florida	City & State	Florid		FEI Number 65-109 4893	Applied For Not Applicable	
33054	Country	33023_	Country	<u> </u>	Certificate of Status Desired	\$8.75 Additional Fee Required	
<u> </u>				7. Name and Address of Current Registered Agent			
Name Tim				Timot	othy W. Moore		
DO NOI WILE Street Address				dress (P.O. E	Box Number is Not Acceptable)		
10	ACE		101	<u> </u>	···		
			Cip(V)	V2) 100	/ FL	Zip Code - 33054	
8. The above named entity submits this statement for the purpose of changing its register				registered ag		- 33054	
SIGNATURE Timothy W. Moore, Registered Agent & Aresident 2/17/02 Signature, typed or printed refine of registered agent and title if applicable. (NOTE/Registered Agent signature regulared when reinstating) OATE							
9. This corporation is eligib Tax filing requirement an (See criteria on back)		Fee is \$550.00 UBR is \$61.25		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11.	IRECTORS						
The President, VP, and Registered Agent			TITLE NAME			į	
	Timothy w. Moore 1924 Kismet Street						
CITY-ST-ZIP Mirama F1- 33023			CITY-ST-ZIP				
TITLE NAME			TITLE NAME				
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TITLE		<u></u>	TITLE			·····	

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR