
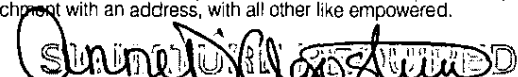


**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

0535483 AV

DOCUMENT # P01000040862				Secretary of State	
1. Entity Name BADA BOINK, INC.				04-17-2003 90194 022 ***158.75	
Principal Place of Business 5215 OLD GALLOWES WAY NAPLES FL 34105		Mailing Address 5215 OLD GALLOWES WAY NAPLES FL 34105			
2. Principal Place of Business 20320 Grande Suite, Apt. #, etc. Oak Shoppes Blvd. City & State Estero - FL		3. Mailing Address Suite, Apt. #, etc. City & State		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Zip 33928		Country US		4. FEI Number 30-0054530	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent D'AGOSTINO, LOUIS D 821 FIFTH AVENUE SOUTH, STE 201 NAPLES FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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, 2003: Fee will be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP CEO D'AGOSTINO, FRANK 5215 OLD GALLOWES WAY NAPLES FL 34105			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P D'AGOSTINO, DOMENIC 5215 OLD GALLOWES WAY NAPLES FL 34105			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP D'AGOSTINO, JOHN 5215 OLD GALLOWES WAY NAPLES FL 34105			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP T D'AGOSTINO, MARIO 750 MOORING LINE DR. NAPLES FL 34102			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP S D'AGOSTINO, ANNE 5215 OLD GALLOWES WAY NAPLES FL 34105			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition		
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:  ANNE D'AGOSTINO 4/15/03 239 403 4070					