FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

	DIAILOKIAI BOSIMI	-00 KEFOKI	(ODK)		•		
DOCUMENT # PO10000 56279					FILED		
1. Entity Name					02 JUL -8 PH 12: 34		
GO ASK ALICE, INC.							
<u> </u>					SECRETARY OF ST TALLAHASSEE, FLI	JATE ODDA	
	DO NOT WRITE	IN THIS SI			If.LLAMASSLE, FL	ordides.	
	DO NOT WINITE		PACE				
	I Place of Business	3. Mailing Address	-/ 10				
Suite, Apt. #, etc. Suite, Apt. #, etc.				'E	1 DO NOT WINTER IN THE		
City & St	ato			<u> </u>	15/13/12 9015	4829 1600	
ZTAZ	SATSUMA, F). City & State SATSUMA, F). SATSUM		A. F/.		FEI Number	Applied For	
2 2 / E	29 Country	3°2/89	Country	5.	Certificate of Status Desired	Not Applicable \$8.75 Additional	
	7.7	100167			Name and Address of Current Register	Fee Required	
	DO NOT W		Name	Capl	K ZOFZZI	eu Agent	
DO NOT WRITE Street Address in				ddress / 2	Box Aurinber is Not Acceptable)		
	IN THIS SP	ACE		3/7/	166/10 37.		
			City	Dalal	IVA -	■ Zin Code ~ . ►	
8. The above	e named entity submits this statement for	the purpose of changing its r	registered office or	registered a	Good or both in the State of Florid	L Zin Code 77	
			-3		gent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. \(\) (NOTE:	Registered Agent signatu	re required when r	reinstating) DATE		
9. This corp	oration is eligible to satisfy its Intangible	January 1 - Ma	y 1 Fee is \$150				
Tax filing i	requirement and elects to do so. eria on back)	Amended	l, Fee is \$550.00 UBR is \$61.25		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	Make Check Payable	e to Department	of State		Added to Fees	
TITLE NAME	CARI K. 20/EZZI	PRES.	TITLE			=======================================	
STREET ADDRESS	349, REIDST.	- 7 1 11 11	NAME STREET ADDRESS			1751	
CITY-ST-ZIP	PA/A+KA, F)- 32177	SAE STOCKHOREE	CITY-ST-ZIP			134B	
TTLE IAME	SURREFARY A/ICE CROWS		TITLE NAME			CR2F034B (12/01)	
STREET ADDRESS	1915/2010 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 10 20	-/ -	STREET ADDRESS			٥	
TTY-ST-ZIP TTLE	121 Shoreline AVE,	JUDUNATI.	CITY-ST-Z(P				
		<i>3</i> 2/8/	MITLE	•			
TREET ADDRESS ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		DO NOT WRI	TE	
7LE			TITLE				
ame Preet address			NAME STOREZ ADDREGO		IN THIS SPAC	UE	
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TLE VME			TITLE	-	<u></u>		
REET ADDRESS			NAME STREET ADDRESS	•			
TY-ST-ZIP		T O	CITY-ST-ZIP			1	
TLE		r g	TITLE		<u> </u>		
REET ADDRESS		j	NAME STREET ADDRESS				
Y-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
I. I hereby ce	ertify that the information supplied with this on this report or supplemental report is tru	s filing does not qualify for the	e exemption stated	in Section 11	19.07(3)(i), Florida Statutes I further cert	tify that the information	
of the corp	on this report or supplemental report is tru poration or the receiver of trustee empower t with an address, with all other like empo	e and accurate and that my sered to execute this report a	signature shall have s required by Char	e the same le oter 607, Flori	gal effect as if made under oath; that I a ida Statutes; and that my name appears	im an officer or director	
	144///	wered.	,			Sissin it or off all	
IGNATU		O of		Ji	145,2002 (3A	1728-4797	
	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR E	NRECTOR		Date Da	aytime Phone #	