FROM : JAMMIN JUMPAROO FAX NO. : 4079320202

FILED
May 12, 2003 8:00 am
Secretary of State
04-09-2003 90119 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/91

DOCUMENT # P01000057265

1. Entity Name
JAMMIN' JUMPAROO, INC.

Principal Place of Business	Mailing Address
1446 KINGSTON WAY KISSIMMEE FL 34744	1446 KINGSTON WAY KISSIMMEE FL 34744

2. Principal Place of Business	3. Mailing Address
Osceola	PO Box 734
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1411 Bud Rd	
City & State: Davenport FL	City & State: Loughman FL
Zip: 33897 Country: USA	Zip: 33858 Country: USA

☑ CHECK HERE IF MAKING CHANGES
29-00-038458-61-2

4. FEI Number: 81-0552811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANPHERE, AMY E
1446 KINGSTON WAY
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name: James D Jones
Street Address (P.O. Box Number is Not Acceptable): 1411 Bud Rd (PO Box 734 Loughman FL 33858)
City: Davenport FL Zip Code: 33837

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: James D Jones 5-4-03
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ $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	D LANPHERE, AMY E 1446 KINGSTON WAY KISSIMMEE FL 34744	☑ Delete	D Jones, James D PO Box 734 Loughman FL 33858	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANPHERE, NORMAN H 1446 KINGSTON WAY KISSIMMEE FL 34744	☑ Delete	D Jones, Robyn PO Box 734 Loughman FL 33858	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E084 (10/02)

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: James D Jones SIGNATURE REQUIRED 5-4-03 4073900090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #