FILED May 13, 2002 8:00 am Secretary of State 05-13-2002 90154 047 ***150.00

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	PHEINECC	REPORT (UBR)
OIAILÓKIA	DUSINESS	REPORT (UBR)
		(

SIGNATURE:

386-792-8443

Co1	lumbia Advertisi	ng Agency,	Inc. "	
7	DO NOT WRIT	E IN THIS	SPACE	
	Place of Business Iatley Street	3. Mailing Address		
Suite, Apt		Suite, Apt. #, etc.	30x 1008	DO NOT WOLFF IN THE COLOR
Jaspe City & Sta	r, Florida	Jasper,	Florida	DO NOT WRITE IN THIS SPACE
City & Sta	ne-	City & State		4. FEI Number XX Applied For
Zip 3205	2 Country USA	^{Zip} 32052	Country USA	5. Certificate of Status Desired 5. Status Desired 5. Fee Required
				7. Name and Address of Current Registered Agent
	- DO NOT W	/RITE		linton T. McCahill
IN THIS SPACE		Street Address 104	F(P.O: Box Number is Not Acceptable) Hatley Street	
	IN ITIO O	FACE	Jasper	r, Florida
			City	FL 32052
8. The above	e named entity submits this statement f	or the purpose of changir	ng its registered office or regist	ered agent, or both, in the State of Florida.
SIGNATURE				
G. This course		No.	(NOTE: Registered Agent signature require 1. May 1. Feb. is \$150.00	ed when reinstaling) DATE
Tax filing i	oration is eligible to satisfy its Intangibli requirement and elects to do so. ria on back)	After Ame	May 1. Fee is \$350.00 nded UBR is \$61.25 syable to Department of St	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
11,	OFFICERS AND		, rasje is copartition of all	atter [
TITLE NAME	PVTS Clinton T. McCa	h-1-1-1	THLE	and the second s
STREET ADDRESS	104 Hatley Str		NAME Street address	CRZEOWAR (12/01)
CITY-ST-ZIP	Jasper, Florida		CITY-ST-ZIP	4. P. C.
TITLE NAME			TITLE.	8
STREET ADDRESS			-STREET ADDRESS	Ö
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME			TITLE NAME	
STREET ADDRESS			STREET ADDRESS	BOLIOTANDITE
TITLE		<u>-</u>	CITY -ST - ZIP	DO NOT WRITE
NAME			TITLE SALES	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
TITLE			CITY ST. ZIP	
NAME			TITLE	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS =	
TITLE	,		CITY: ST: ZIP	
NAME			TITLE -	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
13. Thereby co	edify that the information supplied with	this filing does ""	Crty-ST-ZIP	
of the corp	on this report or supplemental report is coordinated report or supplemental report is coordinated to the receiver of trustee empirit with an address with all other like on	owered to everute this so	rior the exemption stated in Se at my signature shall have the s sport as required by Chapter 6	ection 119.07(3)(i), Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or on an