2002 UNIFORM BUSINESS REPORT (UBR) 2 FILED Apr 11, 2002 8:00 am

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Signature 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OGDEN, PHILLP 336 NNy 21ST ST. BOCA RATION R. 33431 City FL Zio Code 6. The above named antily submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. DOILE registered Agent synature required inventoring Carlot of Name and Address (P.O. Box Number is Not Acceptable) SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics. SIGNATURE Synax, ipped or presed new of registered agens and the Flagoristics of the Synay of t	City & State		City & State						
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered. Phillip Oscion	indicated of the cor	on this report or supplemental report is trapported to the receiver or trustee empower.	ue and accurate and that me ered to execute this report a	y signature sl	nall have the sam Chapter 607, Fi	ne legal effect as if made under oath; orida Statutes; and that my name app	that I am an officer	or director	