

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000069434		
1. Entity Name VN VENTURES INC.		
Principal Place of Business 356 GOLFVIEW ROAD #607 NORTH PALM BEACH, FL 33408		Mailing Address 356 GOLFVIEW ROAD #607 NORTH PALM BEACH, FL 33408
2. Principal Place of Business 1200 S. Flagler Dr #1505 W. Palm Beach FL 33401		3. Mailing Address 1200 S. Flagler Dr #1505 W. Palm Beach FL 33401
City, State, Zip W. Palm Beach FL 33401		City, State, Zip W. Palm Beach FL 33401
Country USA		Country USA
6. Name and Address of Current Registered Agent NAHAY, VALERIE L 356 GOLFVIEW ROAD #607 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent 1200 S. Flagler Drive #1505 West Palm Beach FL 33401
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: (X) Valerie Nahay <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when amending))</small>		4/3/2003 DATE
FILE NOW!!! FEE IS \$150.00 After May 15 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 D <input type="checkbox"/> Delete NAME NAHAY, VALERIE L STREET ADDRESS 356 GOLFVIEW ROAD #607 CITY-ST-ZIP NORTH PALM BEACH, FL 33408		TITLE 1200 S. Flagler Drive #1505 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME West Palm Beach, FL 33401 STREET ADDRESS 1200 S. Flagler Drive #1505 CITY-ST-ZIP West Palm Beach, FL 33401
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
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: (X) Valerie Nahay <small>(Signature and typed or printed name of signing officer or director)</small>		4/3/2003 5613090177 Date Daytime Phone