2003 FOR PROFIT CORPORATION Mar 17, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P01000073409

FILED

1. Entity Na	me BSDON, INC.			03-17-2003 90121 033 ***150.00	
Principal Place of Business 2600 N FLAGLER DR W PALM BCH FL 33407		Mailing Address 2000 N FLAGLER DR W PALM BCH FL 33407			
2. Principal	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-1141070 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent	•	7. Name and Address of New Registered Agent	
1.00000			Name		
LOGSDON, JOHN 2600 N FLAGLER DR			Street Address	s (P.O. Box Number is Not Acceptable)	
W PALM	BCH FL 33407				
			City	FL Zip Code	
SIGNATURE	Signature, typed or printed name of requirered age	2	registered office or regist	lered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating)	
Make Check	TLE NOW! FEE'S \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	D LOGSDON, JOHN 2600 N FLAGLER DR W PALM BCH FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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: