## FILED Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90123 031 \*\*\*158.75

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DOCUMENT # P 0 1 0 0 0 0 7 6 1 9 4					
1. Entity Nan	PROPERTY	FILTINGS TNO	\ \		
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	DO NOT WRITE	IN ITIO SE	AUE		
2. Principal f	Place of Business	3. Mailing Address	<u> </u>		
169	O S.W. 2NO. AVENUE		LNO. AYE.		_
Suite, Apt.	#. eic.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPAC	<b>E</b>
Sity & Sta	RATEN FL	City & State POCA RATON	F1	4. FEI Number 65-1128265	Applied For Not Applicable
Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.7	75 Additional
<u>334</u>	32 PALM BEACH	<u> </u>	HALM BEACH	7. Name and Address of Current Registered Age	Required
Name DALORCAL ROS LASON SCO					
	::::DO NOT W	RITE		P.O. Box Number is Not Acceptable)	TE 10%
	IN THIS SP	ACE		W. DEOWARD BLYD JUI	TE 100
	er en		City Dura	FL Z	ip Code 33324
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.					
y					
SIGNATURE Signature. Typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE					
9. This corporation is eligible to satisfy its Intengible  Afford Avy (LiPedit C 55000)  10. Election Campaign Financing \$5.00 May Be					
Tax filing	requirement and elects to do so.	America	.Teorie (450.00) UBRID (6125	Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND	Make Check Payable DIRECTORS	s, to Departmentor Sta		
TITLE	UP/T/S		THE TOTAL		
NAME STREET ADDRESS	ROBERT GANNON	-	STREET ADDRESS	1994 <b>- A</b> thirt	
CITY+ST-ZIP	1690 S.W. 2NO. AVE BACA DAM	FL. 33432	CITY-ST-ZIPE		
TITLE NAME			TITLE TO A STATE OF THE STATE O	Section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the sectio	
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CITY-ST-ZIP			CITY ST ZIP		
NAME			NAME AND A SECOND	A state of the sta	
_STREET ADDRESS . CITY-S1-ZIP	سسخه دي ي ر د پر ر		CITY_ST-ZIP WAR	DO NOTWRITE	
TITLE		<del></del>	TITLE DE LA SE	IN THIS SPACE	manufacture in Alexandra Communication Communication
NAME STREET ADDRESS			NAME AND ASSOCIATION OF THE STREET ADDRESS		
CITY-ST-ZIP			CITY ST-ZIP		
TITLE			line	THE PERSON NAMED IN	
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CTY-ST-RP		25 <b>275 73</b> 6
TITLE Name			TITLE NAME		45.4
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	partify that the information conciled with	this filling does not qualify for the	CITY ST-ZIP	ction 119.07(3)(i) Florida Statutes Uturbus contituto	at the information
13. Hereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like impowered.					

- KOBERT M. GANNON

SIGNATURE:

FOR PROFIT CORPORATION

(954)421-5600