SIGNATURE:

UN	003 FOIFORM	BUSIN	FIT CORPORIESS REPOR	FILED Apr 15, 2003 8:00 am Secretary of State						
1. Entity Name TERRILLEE ENTERPRISES, INC.						04-15-2003 90126 030 ***150.00				
Principal Place 138 SPARTINA ST. AUGUSTI			Mailing Address 138 SPARTINA AVE. ST. AUGUSTINE FL 32080							
2. Principal F Suite, Apt.	Place of Business AMC A. #, etc.	- 1- / .	3. Mailing Address Suite, Apt. #, etc.	Same as above			CHECK HERE IF MAKING CHANGES			
City & Stat	te		City & State	City & State		4. FEI Number	E0-272040E		plied For t Applicable	
Zip Country			Zip	Country	у	5. Certificate of Status Desired S8.75 Additional Fee Required .				
	6. Name and	Address of Curre	ent Registered Agent		Name	_7Name and Address	of New Registered A	gent		
LEE, SUSAN J 138 SPARTINA AVE.					Street Address (P.O. Box Number is Not Acceptable)					
ST. AUGUSTINE FL 32080										
8. The above named entity submits this statement for the purpose of changing its register					City	FL Zip Code				
SIGNATURE F	ILE NOW!!! F May 1, 2003 F	med ame of registered age EE IS \$150.00 fee will be \$550.0 orida Department	0	TE: Hegistered A	gent signature require		mpaign Financing Contribution.		May Be to Fees	
IO.,	T ::	OFFICERS AN	ID DIRECTORS Delete	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS Change	S IN 11 Addition	
NAME :	TERRILL, BEVI 206 3RD ST. ST. AUGUSTIN		□ Delete	NAME	ADDRESS (onange	E Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EE, SUSAN 38 SPARTINA AVE.		TITLE NAME STREET CITY-ST	ADORESS 1-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\	NAN STRI		TITLE NAME STREET CITY-SI	ADDRESS I-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Del		☐ Delete	TITLE NAME STREET	ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. "		☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP			☐ Change	Addition	
of the cor	on this report or t poration or the re- or on an attachm	supplemental report ceiver or trustee em lent with an address	with this filing does not qualify for the true and accurate and that repowered to execute this report is, with all other like empowered.	my signature as required	e shall have the by Chapter 60	same legal effect as if main 7, Florida Statutes; and the	de under oath; that I an at my name appears in	n an officer d	or director - L	