2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P0100082207 1. Entity Name | | | FIĽÉD |
|--|---|--|--|
| LIBRA REPORTING, INC. | | | 02 JUL 30 AM 11: 09 |
| Principal Place of Business 185 CROSSCOVE CIRCLE PONTE VEDRA BEACH FL 32082 | Mailing Address 185 CROSSCOVE CIRCLE PONTE VEDRA BEACH FI | | SECRETARY OF STATE TALLAHASSEE. FLORIDA |
| 2. Principal Place of Business | 3. Mailing Address | | |
| 919 SHONELINE CIRCLE Suite, Apt. #, etc. | 919 SHOPE (| LINE CIRCLE | DO NOT WRITE IN THIS SPACE |
| PONIE VERM BEH FL | City & State | BeH.FC | 4. FEI Number 59 - 374 2596 Applied For Not Applicable |
| Zip 3268-2 | Zip 32082 | Country JoHIS | 5. Certificate of Status Desired |
| - 6. Name and Address of Current | Registered Agent | Niamo a | 7. Name and Address of New Registered Agent |
| GALVIN, KELLY A | | NameGALV | |
| 185 CROSSCOVE CIRCLE PONTE VEDRA BEACH FL 32082 Street Act 910 | | Street Address | (P.O. Box Number is Not Acceptable) |
| | | 919 | SHOREIM CIRCLE |
| | | City PON E | VEDRA BEACH FL Zingger 82 |
| The above named entity submits this statement to the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. | eli- | e registered office or regist E: Registered Agent signature requir | ered agent, or both, in the State of Florida. 1 am familiar with, and accept ad when reinstating) DATE |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | After September 13 | !!! FEE IS \$550.00 3, 2002 Fee will be \$75 ble to Department of St | |
| 11. OFFICERS AND | DIRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| NAME STREET ADDRESS CITY-ST-ZIP POWTE VEDMA BEH | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Change Addition Change Chan |
| TITLE NAME FURY W. GALVIY STREET ADDRESS 919 SHD NET INC CI RCLE CITY-ST-ZIP POSIE VEONA BCH F | □ Delete • • 320€2 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Defete - | 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 |
| indicated on this report or supplemental report is of the corporation or the receiver or trustee empt changed, or on an attachment with an address, significant supplemental report is of the corporation or the receiver or trustee empt changed, or on an attachment with an address, significant supplemental report is of the corporation of | true and accurate and that i | my signature shall have the as required by Chapter 60 | Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 27, Florida Statutes; and that my name appears in Block 11 or Block 12 if 47/4 W. GALY', 1.26.6 904-273-2969 Date Daylime Phone # |

Libra Reporting, Inc. 919 Shoreline Circle Ponte Vedra Beach, Florida 32082

July 26, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Ms. or Sir:

I just received the 2002 Uniform Business Report forwarded by the Post Office and noted the Filing Fee of \$550.00. I called your office and learned that there was an earlier mailing that I did not receive.

I am a new corporation and did not know that an Annual Report was due in May since I just incorporated in the Fall of 2001. Enclosed is a corporate check in the amount of \$150.00 for the 2002 Annual Report and trust that you will waive the higher fee.

I will file the next Annual Report prior to May 1.

Thank you for your understanding.

Kelly A. Galvin

President -

Encl: Check # 1077