2003 FOR PROFIT CORPORATION

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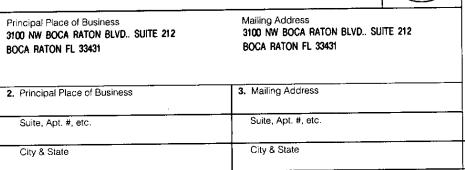


Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90160 041 ***150.00

FILED

OCUMENT #	P01000086864	
Entity Name STPORT PROPERTI	ES INC	
SIPURI PROPERII	LO, INO.	



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2. Principal Place of Business		3. Mail	3. Mailing Address				(1250,25)					
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City	City & State			4	. FEI Number	55-1148716			olied For Applicable	
Zip		Country	Zip	Zip Country				6. Certificate of S			8.75 Addi ee Required	
	6. Name	and Address of Cu	rrent Registere	d Agent			7	. Name and Add	tress of New R	egistered A	gent	
	-	* * *****	programme and the second	ميميع بيهورون أأسريه بيو		Name - ,	-		1	-		
PALMIERI,						Street Address (P.O. Box Number is Not Acceptable)						
3100 NW E	30CA RATO	ON BLVD., SUITE	212									
BOCA RAT	ON FL 334	31										
						City				FL	Zip Code	
8. The above	named entity	y submits this staten	nent for the purp	ose of changing its re	egister	ed office or r	registered	agent, or both, in	the State of Flo	rida. I am fa	amiliar with, a	and accept
	ions of regist											
OLONIATURE											<u>.</u>	
SIGNATURE _	Signature, typed	or printed name of registers	d agent and title if app	licable. (NOTE:	Registere	d Agent signatur	e required who	en reinstating)		DATE		
F	I E NOW!!	! FEE IS \$150.0	10				-		- Campaign Fin	anoine = ==		0:14:0-
After	May 1, 200	3 Fee will be \$55	60.00		~-				n Campaign:Fir und Contributio			to Fees
Make Check	Payable to	Florida Departm	ent of State									
10.		OFFICERS	S AND DIRECTO	RS	11.			ADDITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTORS	
TITLE	D		<u>.</u>	☐ Delete	TITL	E 🗥 [☐ Change	☐ Addition
NAME_	PALMIERI,			_	NAN							
STREET ADDRESS	10 100 144 DOOK 1441 OH BEIDI, GOHE EIL			•	EET ADDRESS							
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NAME -				~~ ~~~		EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP						Y-ST-ZIP						
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CITY-ST-ZIP					CIT	Y-ST-ZIP						
TITLE				☐ Delete	TIT	l l					☐ Change	☐ Addition
NAME	1				NA							
STREET ADDRESS	[REET ADDRESS						
CITY-ST-ZIP	i				ÇIT	Y-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 of the like empowered.

SIGNATURE: