

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-07-2002 90308 048 ***158.75



DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # P01000087739 1. Entity Name AFFILIATES, INC.					
Principal Place of Business PO BOX 1559 LUTZ FL 33648-1559			Mailing Address PO BOX 1559 LUTZ FL 33648-1559		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 33548-1559		Country		Zip 33548-1559	
				4. FEI Number 59-3760445	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent					
YOUNG, CHRISTINA C. 100 N. TAMPA ST., STE. 2650 TAMPA FL 33602					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL Zip Code					
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
TITLE	Delete				
NAME	PRESIDENT				
STREET ADDRESS	FABIEN MABON				
CITY-ST-ZIP	35 RUE ADALBERT BAUT				
	95590 PRESLES - FRANCE				
TITLE	Delete				
NAME	VP, SECRETARY, TREASURER				
STREET ADDRESS	JEAN - BERNARD LEMAL				
CITY-ST-ZIP	5107 FOX HUNT DRIVE				
	WESLEY CHAPEL, FL 33543				
TITLE	Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	Change Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	Change Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	Change Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	Change Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>SIGNATURE OF Jean-Bernard Lemal, President</u> 01/21/02 813 307 0111					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/01)