


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90165 017 ***150.00

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DOCUMENT # P01000089276

1. Entity Name
PAMELA J. LEAGUE, INC.



04-10-2003 90165 017 ***150.00

Principal Place of Business
5719 27TH AVE SOUTH
GULFPORT FL 33707

Mailing Address
5719 27TH AVE SOUTH
GULFPORT FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3744559

Applied For
Not Applicable

5. Certificate of Status Desired

8.75-Additional Fee Required

6. Name and Address of Current Registered Agent
LEAGUE, PAMELA J
5719 27TH AVE SOUTH
GULFPORT FL 33707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P LEAGUE, PAMELA J 5719 27TH AVE SOUTH GULFPORT FL 33707
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-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 other like empowered.

SIGNATURE: PAMELA J. LEAGUE April 4, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 127-743-2799 Date 127-343-6577