FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

attachment with an address, with,

SIGNATURE:

ether like empowered.

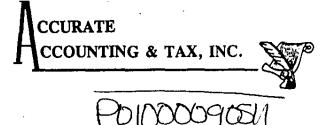
SIGNATURE AND TYPES

FILED 03 JUL 24 AHII: 37 DOCUMENT # P01000090511 1. Entity Name SECRETARY OF STATE SONJA BENSON, INC. DO NOT WRITE IN THIS SPACE 700021770497 07/25/03--01004--006 **300.00 2. Principal Place of Business 3. Mailing Address 1209 THIRD STREET SOUTH 1209 THIRD STREET SOUTH Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3605427 NAPLES, FL NAPLES, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34102 34102 USA USA Fee Required 7. Name and Address of Current Registered Agent BENSON, SONJA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1209 THIRD STREET SOUTH City NAPLES 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE MILÉ CR2E034B (12/02) SONJA BENSON NAME NAME 4011 1209 THÌRD ST S STREET ADDRESS STREET ADDRESS ųξž. NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP NAME NAME "我说。 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE 3. 4. NAME NAME 1 STREET ADDRESS STREET ADDRESS 2, CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME of the STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Ťa. NAME NAME STREET ADDRESS 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 eath; 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 on an

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Attachment

A DETTER USINESS & TAX SERVICE, INC.



July 21, 2003

Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

Re: Sonja Benson, Inc.

Document No. P91000090511 2003 Uniform Business Report

Gentlemen:

Enclosed are copies of our letter and documents of May 22, 2002. The re-incorporation form we submitted with check 1485, for \$150.00, listed an incorrect address which is an error of this firm. Therefore, when they were returned by the Division of Corporations, they were never received by our client.

I have now been informed to submit all information to the above with a new re-instatement form showing the correct address and a check for \$300.00.

Check number 1645, in the amount of \$300.00, is enclosed to cover this report.

Thank you.

Sincerely,

Helen Watson President

/tr

Enclosures