FILED Aug 21, 2003 8:00 am Secretary of State

Ű	NIFORM BUSI	NESS REPORT	(ŲBR)	Secretary of State
	MENT # P010001			08-21-2003 90109 031 ***550.00
Principal Plac 5971 SW 56 MIAMI, FL 33		Mailing Address 5971 SW 56 TERRACE MIAMI, FL 33143		
,	Tace of Business	3. Mailing Address		
3807 NE 168 ST Suite, Apt. #, etc.		3807 NE 163 Suite, Apt. 4, etc.	3 ST	
世3		#3		CHECK HERE IF MAKING CHANGES
City & Stat	•	City & State		4. FEI Number Applied For Not Applied
NORTH Zip	MIAMI BEACH , F	L HORTH MIAN	Country	¢0.75 additional
33160	USA	33160	USA	5. Certificate of Status Desired Fee Required
	6. Name and Address of Co	irrent Registered Agent	Name	7. Name and Address of New Registered Agent
941 FOURT	TE CREATIONS NETWORK TH STREET #200 CH, FL 33139	INC.	Street Addre	NEVEN MOSELEY ess (P.O. Box Number Is Not Acceptable) 807 AE 168 ST
			Ħ	3
	•		City	ORTH MIAMI BEACH FL ZIP CIDE 33160
SIGNATURE	Signature, typed or primed name of registers PILE NOW!!! FEE IS \$150.0 or May 1, 2003 Fee will be \$1	or and the state of the state o) MOSELEY, R Registrated Agents ignature ra	PRESIDENT OF TRAINSID 8/12/03 QUITE STREET OF TRAINSID SATE 9. Election Campaign Financing \$5.00 May Be Added to Fees
	Amerided UBR is \$61,26 Payable to Florida Depart	Control of the Contro	<u> </u>	
10.	OFFICERS	S AND DIRECTORS X Delete	11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	GUERRA, PATRICIA C 5971 SW 56 TERRACE MIAMI, FL 33143	LES DE leas	NAME STREET ADDRESS CITY-ST-24P	
TITLE NAME STREET ADDRESS CITY-ST-2P	D MOSELEY, STEVEN C 5971 SW 56 TERRACE MIAMI, FL 33143	☐ Delete	STREET ADDRESS 3	OSELEY, STEVEN G. 807 NG 168 ST & 3 ORTH MIAMI BEACH, FL 33160
TITLE		☐ Delete	TITLE	Change Addit
NAME STREET ADDRESS CITY-ST-ZIP		,	NAME STREET ADDRESS CITY-ST-ZIP	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		∵ □ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Adúiti
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
indicated of the col	tion this report or supplemental re reporation or the receiver or trusted	port is true and accurate and that m	y signature shall have	in Section 119.07(3Xi), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

STEVEN G. MOSELEY