FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-02-2002 90055 029 ***150.00

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2. Principal P	Place of Business	3. Mailing Address	12 11-1		
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331	172 300 115	2.10) II	5. Certificate of Status Desired	Fee Required
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			City 1	Niana	FL Zip Code
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8. The above	e named entity submits this statement for	the purpose or changing its i	registered onice of re	sgistered agent, or both, in the state of Fluist	· · · · · · · · · · · · · · · · · · ·
SIGNATURE .	Signature, typed or printed name of registered agent a	nd tide if applicable. (NOTE	: Registered Agent signature	required when reinstating)	DATE
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