## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000110942

BLESS TEAM PRODUCTIONS, INC			02 OCT 28 PM 4: 46	
DO NOT WRITE	SECRETAR TALLAHAS	Y OF STATE SEE, FLORIDA		
2. Principal Place of Business 4730 Point Lookout Rd. Suite, Apt. #, etc.	3. Mailing Address 4730 Point Suite, Apt. #, etc.	Lookaut Rd	04/29/020090186	THIS SPACE \$150,00
Orlando, FL	Orlando	, FL	4. FEI Number 26-0013644	Applied For Not Applicable
32-808 Country A	32808	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name Donna L. Draves, Esa Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  City Orlando  The above named entity submits this statement for the perpose of changing its registered agent, or both, in the State of Floridy				
SIGNATURE AND				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND I	After May Amende Make Check Payab	Ay 1 Fee is \$150.00 1 Fee is \$550.00 d UBR is \$61.25 lie to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND E  TITLE NAME NOTION, Jamani C  STREET ADDRESS 4730 Point Lookout Re CITY-ST-ZIP Orlando, FL 32808		TITLE NAME STREET ADDRESS CITY-S1-ZIP		TO THE PARTY OF TH
NAME STREET ADDRESS CITY-ST-ZIP  DAILEN, Marcus T Avenue 309 S. Candler Avenue Orlando, FL 32835		TITLE NAME STREET ADDRESS CHY-ST-ZIP		Lico
NAME Francisco, Anthony STREET ADDRESS 6100 Crescent Ridge CITY-ST-ZIP Orlando, FC 32810	Road	TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP	DO NOT WE	RITE
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	<b>VCE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-S1-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
13. Thereby 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 on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  W 25 02 (91/290-5/20)  Date Director				

October 25, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: BLESS TEAM PRODUCTIONS, INC.

Dear Sir or Madam:

Enclosed please find the Amended Uniform Business Report for the above-referenced professional corporation. The Division of Corporations had requested that the FEI number be filled in.

I was advised by my attorney that when they spoke to your office on Wednesday, October 23, 2002, you informed them that you sent the original Uniform Business Report back to us requesting missing information; specifically, the FEI number. I never received this documentation so I was not aware of any problem until I received a notice from the Department of Revenue.

Please be advised that the filing fee that was sent with the original Uniform Business Report from my attorney's office (Donna L. Draves, P.A., check #7058 dated April 16, 2002) was accepted and deposited by the Department of State prior to the May 1, 2002 deadline. Accordingly, please reinstate Bless Team Productions, Inc.

Thank you for your assistance in this matter.

Very truly yours,

Jamani C. Norton

Enclosures: Amended Uniform Business Report