AMENDED FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

09-10-2002 90228:024.****61.25 P01000117250 02 SEP 16 AM 9:55 DOCUMENT # PO/000/17250 SECRETARY OF STATE TALLAHASSEE, FLORIDA F.F. S. DAVIS, INC DO NOT WRITE IN THIS SPACE 978919 2. Principal Place of Business 3. Mailing Address 3804 Thompso 4511 Suite, Apt. #, etc." Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 593760563 Orlawo Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office for registered agent, or both, in the State of Florida WARLO SIGN, TURE - May 1 Fee is \$150.00 January 1 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. CR2E034B (12/01 TITLE President TIME NAME NAME Freddie L. DAVIS JR. STREET ADDRESS STREET ADDRESS 3804 Thompson 5 CITY-ST-712 CITY-ST-ZIP Ochando. Vice President ĦΠΕ TITLE NAME NAME Freddia L. DAVIS SR-STREET ADDRESS STREET ADDRESS 424 ZimmerMAN Dr CITY-ST-ZIP CITY-ST-ZIP 32839 oriando FI. TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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