2900 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01923 1. Entity Name JMC SECURITIES, INC. Principal Place of Business 3850 N CAUSEWAY BLVD #1400 P 0 B0X 6468 METAIRIE LA 70002 METAIRIE LA 70002 METAIRIE LA 70002-8167 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Country Country 6. Name and Address of Current Registered Agent Name

FILED Jan 13, 2000 8:00 am Secretary of State

01-13-2000 90020 039 ***150.00

METAIRIE LA 70002			METAIRIE LA 70002-8167								
2 Principal Pl	lace of Busin	220	3. Mailing Address								
2. Principal Place of Business			3. Walling Address					III BIBII BIBII	DI DAN DIQUA DIN	ii 410ii 100i	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITI	E IN THIS S	PACE		
City & State			City & State			4. 1	72-0905314		oplied For ot Applicable	}	
Zip		Country	Zip Count		try	5. (Certificate of Status Desired		8.75 Addee Require		
•	6. Name	and Address of Current F	Registered Agent			7.1	Name and Address of New Re	gistered A	gent]
u					Name						
1200		ON SYSTEM LAND ROAD 33324			Street Address (P.O. Box Number is Not Acceptable)						-
,		. 00027			City			FL	Zip Cod	e	
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office or regis	tered ag	ent, or both, in the State of Flor	ida.			
SIGNATURE _		_ or printed name of registered agent a	dalla sacalacida (SIOT	T. Danistan	_ d Agent signature requ	ilrad whon ec	Sinetating	DATE			
	Signature, typed	or printed name or registered agent al 	по вое и аррисавае. (140)	E: negistere	a Again signature requ	Med when is	T				┨
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St				10. Election Campaign Fina Trust Fund Contribution			0 May Be to Fees	
11.		OFFICERS AND I	DIRECTORS	12.		ΑC	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11]_
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13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 (504) 833-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN J. CASAMENTO, PRESIDENT

Date Daytime Phone #