

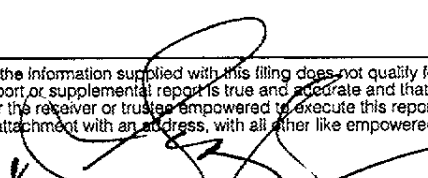


FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000010509 1. Entity Name CHET CHASE DESIGNS INC.			
Principal Place of Business 1910 NE 52 COURT FORT LAUDERDALE, FL 33308		Mailing Address 1910 NE 52 COURT FORT LAUDERDALE, FL 33308	
DO NOT WRITE IN THIS SPACE			
		01192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 80-0033878	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MODAS, DANIEL A 1215 SE 2ND AVE., #202 FT. LAUDERDALE, FL 33335		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHASE, CHESTER III 1910 NE 52 CT. FT. LAUDERDALE, FL 33308		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCOTT, GREGORY A 1910 NE 52 COURT FORT LAUDERDALE, FL 33306		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/27/04</u> Daytime Phone # <u>954 776-9000</u>	