May 05, 2003 8:00 am FOR PROFIT CORPORATION Secretary of State DOCUMENT # P 05-05-2003 91908 042 ***150.00 80112659 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Applied For Not Applicable 8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of both, in the State of Florida, I am familiar the obligations of registered agent. SIGNATUHE (NOTE; Registered Agent aignisture required when rematating) 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02) mu NAME NAME STREET ADDRESS STREET ADDRESS CDY-S1-7P City-\$1-AK& TITLE NAME 3 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-2P mu®\$ TITLE NAMES MAME STREET ADORESS STREET ADDRES DO NOT WRITE CITY-ST-ZIP C11Y-S1-20 im P HH IN THIS SPACE NAME S NAME SZERECT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE SERVICE NAME STREET ADDRESS

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 on an

mussiss

STREET ADDRESS

NAME :

SIGNATURE:

NAME STREET ADDRESS. CHY-SI-7P

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

FILED