FILED

	IFORM E	USINESS	CORPOR REPOR)	May 05, 20 Secretary	03 8:0	00 am	l
1. Entity Nam	MENT # DING, INC.	P020000)14921 V			Secretary 05-05-2003 91156			;
Principal Place of Business 1411 SUNNY HILLS DR. BRANDON FL 33510 Mailing Address 1411 SUNNY HILLS DR. BRANDON FL 33510 BRANDON FL 33510									
Suite, Apt.	#, etc. /	1/5 DR. 1	Mailing Address 4 (5) Physical Street (1997) Suite, Apt. #, etc.	14:1(5 I). <u>P</u> .	CHECK HERE IF MAKI	NG CHANGES		
City & Stat	SKANDON S/O Kil	SBN034	ip 25/0	Country HilbBoro	7 Jg:# ^{5.}	FEI Number. 996.57/ Certificate of Status Desired Name and Address of New Registers	\$8.75 Add Fee Require	pplied For ot Applicable ditional d	
526 E. P. TALLAHA	NG & SEARCH SEI ARK AVE. ISSEE FL 32301 named entity submits ions of registered agei	this statement for the pu	urpose of changing its	City	dress (P.O. E	Sox Number is Not Acceptable) Figure 1, or both, in the State of Florida. I a	Zip Cod		5
After	ILE NOW!!! FEE I May 1, 2003 Fee w	-		:: Registered Agent signatu	re required when r	einstating) DAT 9. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be I to Fees	
10.		OFFICERS AND DIREC		11.	AI	L DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR:	S IN 11	
TITLE Name Street Address City-St-Zip	DP BLACKWELL, KEI 1411 SUNNY HIL BRANDON FL 33	LS DR.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	E034 (10/02)
TITLE Name Street address City-St-Zip	. Letter in the c	,	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
title Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition	

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR