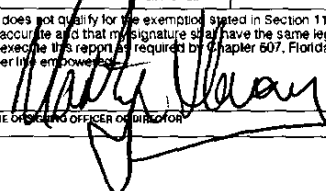


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90049 030 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000016044		
1. Entity Name CONNECTIONS INVESTMENTS, INC,		
Principal Place of Business 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY, FL 34228		Mailing Address 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY, FL 34228
2. Principal Place of Business 1633 EVINE 206 Kissimmee FL 34744		3. Mailing Address 1633 EVINE 206 Kissimmee FL 34744
City & State Kissimmee FL		City & State Kissimmee FL
Country 34744		Country 34744
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEENumber 01-0634809
6. Name and Address of Current Registered Agent HANSON, MARTYN 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent Name 1633 EVINE Street Address (P.O. Box Number is Not Acceptable) 206 City Kissimmee FL Zip Code 34744
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when maintaining)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, MARTYN 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY, FL 34228	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 live employees.		
SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		