FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POZOOO019114 1. Entity Name Cot 1 Taucking Inc

May 01, 2003 8:00 am Secretary of State 05-01-2003 90287 017 ***150.00

All the second of the second o				antia dibi da selle sua					
DO NO	er in in grandling	20038383							
2. Principal Place of Business	146751	3. Mailing Address	2						
Suite Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Blate City & Brate		City & State			4. FEI Number Applied For Not Applicable				
Zip Country 34689 Hermando		Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	Kahu makadan kawana k		Name	7. Nan	Δ /	Current Registered	Agent		
DQ	NOT WE	NITE	Street A	ddress (P.O. Bo	x.Number is Not Acc	ceptable)—			
IN	THIS SPA	NCE		14 6 7	CONON	AUD VI			
Addition (1905) on some specific of the specif			City	DAILG	Hill	FL	Zio Code	99	
8. The above named entity sub- the obligations of registered		ne purpose of changing its re	egistered office o	registered age	nt, or both, in the Sta	ite of Florida. I am far	niliar with, and	accept	
SIGNATURE Signature, typed or prin	ted name of rought will accord and	life if applicable (NOTE:	Registered Agent signa	ture required when rein	istating)	DATE			
January 1 - May 1 Fee s \$150.00 After May 1, Fee s \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campa Trust Fund Con	aign Financing	\$5.00 M Added to 9		
10. 0	♣ OFFICERS AND DIF	od the control of the				And the state of t			
TITLE COWAN	BGAVARAT 75 COABA ng H.T. (FC	ADO DA.	TITLE NAME STREET ADDRESS						4B (12/02)
TITLE Span	ig Hill 1		CITY-ST-ZIP		en e	en Latin earlier French	No. 25 in the Aria 15	enun val 20 engel Selge	CR2E034B
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	*		and the second s	The second secon	the state of the s	ō
TITLE NAME			TITLE						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	*/ ·	DO NO	OT WRIT	TE .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTH	S SPAC	E	Auguster Lote y d	ŀ
TITLE NAME		•	TITLE NAME			And the second of the second o			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		all control of the	and and an experience	. A. M		
TITLE NAME			TITLE NAME	and the second		e a transfer			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			Manager 1988			
12 I haraby cortify that the infe	rmation avanlind with thi	a filing does not qualify for t	ha avamption ata	tod in Continu 1:	10.07(2)(i) Elorido St	atutee I further certif	that the infarr	mation	

I nereby 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 attachment with an address, with all other ke empowered.

SIGNATURE:

Daytime Phone #