

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000022722			
1. Entity Name <b>MILKMAN TATTOOS, INC.</b>			
Principal Place of Business 7524 MAHAFFEY DR NEW PORT RICHEY, FL 34653		Mailing Address 7524 MAHAFFEY DR NEW PORT RICHEY, FL 34653	
2. Principal Place of Business		3. Mailing Address <b>7754 DEER FOOT DR.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>NEW PORT RICHEY-FL.</b>	
Zip		Country	
34653		PASCO	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORNICELLI, STEVEN 7524 MAHAFFEY DR NEW PORT RICHEY, FL 34653		Name	
<b>7754 DEER FOOT DR. NEWPORT RICHEY FL. 34653</b>		Street Address (P.O. Box Number Is Not Acceptable)	
		City	
		FL Zip Code	
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 <i>Steve Cornicelli</i>		DATE	
<small>FILE NOW!!! FEE IS \$150.00          (After May 1, 2003 Fee will be \$550.00)          Make Check Payable to Florida Department of State.</small>		<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution. <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPVS NAME: CORNICELLI, STEVEN <input checked="" type="checkbox"/> Delete STREET ADDRESS: 7524 MAHAFFEY DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	TITLE: DPVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CORNICELLI STREET ADDRESS: 7754 DEER FOOT DR. CITY-ST-ZIP: NEWPORT RICHEY FLORIDA 34653	CR2EG04 (10/02)	
TITLE: T <input checked="" type="checkbox"/> Delete NAME: CORNICELLI, STEVEN STREET ADDRESS: 7524 MAHAFFEY DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	TITLE: T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STEVEN CORNICELLI STREET ADDRESS: 7754 DEER FOOT DR. CITY-ST-ZIP: NEWPORT RICHEY FLORIDA 34653		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(f), 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 empowerments.			
SIGNATURE: <i>Steve Cornicelli</i>		Date: <b>4/14/03</b> (707) 375-5268	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

90090833



CHECK HERE IF MAKING CHANGES

Attachment 90090833  
Doc # ~~PO2000022722~~

April 14, 2003

Please make address change: Milkman Tattoos Inc. FIE#04-3609001  
Steven Cornicelli  
7754 Deerfoot Dr.  
Newport Richey, FL. 34653