FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90336 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80078883

DOCUMENT # P02000041814

1. Entity Name
TIME VENTURE CORPORATION

Principal Place of Business	Mailing Address
~~14385 WOODSTOCK RD~~	~~14385 WOODSTOCK RD~~
EL ~~JOBEAN, FL 33927~~	EL ~~JOBEAN, FL 33927~~

2. Principal Place of Business	3. Mailing Address
2112 Massachusetts Ave.	2112 Massachusetts Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood, FL	City & State: Englewood, FL 34224
Zip: 34224 Country	Zip: 34224 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0679741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLIFF, RON
~~14385 WOODSTOCK RD~~
EL ~~JOBEAN, FL 33927~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable) 2112 Massachusetts Ave.

City Englewood FL Zip Code 34224

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] Ronald J. Cliff 25 April 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Cliff, Ron 2112 Massachusetts Ave. Englewood, FL 34224 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T ☐ 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 / 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

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.

SIGNATURE: [signature] Ronald J. Cliff 25 April 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)