## May 05, 2003 8:00 am Secretary of State

05-05-2003 91149 001 \*\*\*150.00

P02000050281 1. Entity Name AMERICA'S CENTER FOR TRANSLATIONS, INC. Principal Place of Business Mailing Address 410 CHALLENGER ROAD 364 CANIS DRIVE SOUTH CAPE CANAVERAL FL 32920 ORANGE PARK FL 32073 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For itv & State City & State 4. FEI Number 01-06877 Not Applicable \$8.75, Additional 5. Certificate of Status Desired 201 Fee Required 20' usa 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Juncan RIVES, ALICE J Number is Not Acceptable) 410 CHALLENGER ROAD CAPE CANAVERAL FL 32920 Zip Code 32073 or K, to both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered d agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SITIALC Duncan Bobby L. 364 Canis Daire South TITLE Change TITLE Delete ☐ Addition DO NAME NAME RIVES, ALICE J STREET ADDRESS 410 CHALLENGER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME 344 Caris Drive South STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 addiese, with all other like propoyered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #