2003 FOR PROFIT CORPORÁTION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2003 8:00 am Secretary of State

SATELLITE BEACH FL \$2807 SATELLITE SATELLIT	1. Entity Nam	MENT # PO200 of BREVARD, INC.	05-01-2003 90					
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Cry & State S. Paramound Address of Current Registered Agent T. Name and Address of Foreign Englatered Agent HANNON, JAMES 110 HIGHWAY ATA SATELLITE BEACH FL 32937 City FL Zip Code 8. The above named enjoys.gipmils this statement to the purpose of changing its registered office or registered agent, or both, in the State of Foreign International Agent International Agent International Int	1110 HIGHWAY ATA 1110 HIGHWAY ATA			187				
Chy & State City & State Country Country Country S. Contilicato of Status Desired S. Road Applied For Road Applied S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity symmis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familier with, and acceptable or the objection of Trigistered Agent At a contract of Trigistered Agent At a co	Principal Place of Business 3. Malling Address							
The Above named entity submits this statement for the purpose of changing its registered agent. Size Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANNON, JAMES 1110 HIGHWAY ATA SATELLITE BEACH FL 32937 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 Ploride. I am familiar with, and acceptable porting in the obligations of Togistered agent. **SIGNATURE** **FILE NOW!!! FELE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Rayable to Florida Department of State **DEFICERS AND DIRECTORS** **ITIUE** **PO Dete:* **ITIUE** **PO Dete:* **MAKE* **ITIUE** **PO Dete:* **MAKE* **ITIUE** **PO Dete:* **MAKE* **ITIUE** **PO Dete:* **MAKE*			<u> </u>		,	N	ot Applicable	
HANNON, JAMES 1110 HIGHWAY ATA SATELITE BEACH FL 32937 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the product of the	Zip			Country		Fee Require		
HANNON, JAMÉS 1110 HIGHWAY ATA SATELLITE BEACH FL 32937 City FL Zip Code City FL Registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations-of-registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME HANNON, JAMES STRET ADDRESS CITY-ST-2P TITLE NAME STRETA ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE MAME STRETA ADDRESS CITY-ST-2P TITLE MAME STRETA ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE MAME STRETA ADDRESS CITY-ST-2P TITLE MAME STRETA ADDRESS CITY-ST-2P TITLE Delete TITLE TITLE Delete TITLE Dele		5, -Name and Address of Current	Registered Agent		7Name and Address of New Registe	red Agent	=	
SATELLITE BEACH FL 32937 City		•			4 1			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent. SIGNATURE Symmus typed or purpose of entitle agent on the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent. SIGNATURE Symmus typed or purpose of entitle agent on the state of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations—of registered agent. SIGNATURE SIGNATURE SIGNATURE SIECH ADDRES 11.	-				i, i			
SIGNATURE Signature Signatu				City		FL Zip Coo	ie	
TITLE NAME HANNON, JAMES STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL 32937 TITLE VD MUELLER, DONALD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-	SIGNATURE .	Signature, typed or pripad name of registred agent of ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		Pagistered Agent signature required	9. Election Campaign Financing	\$5.0		
NAME STREET ADDRESS CITY-ST-ZIP TITLE VD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	10.		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	HANNON, JAMES 1110 HIGHWAY A1A	Delete .	NAME STREET ADDRESS	, 	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delets TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	NAME STREET ADDRESS	MUELLER, DONALD 1110 HIGHWAY A1A	☐ Delate	NAME STREET ADDRESS		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME		Dekete Dekete	NAME		Change	☐ Addition	
TITLE TITLE Change Addition NAME NAME STREET ADDRESS TREET ADDRESS	TITLE NAME STREET ADDRESS		□ Deletæ	TITLE NAME STREET ADDRESS	S	Change	Addition	
	NAME STREET ADDRESS		Defete	NAME STREET ADDRESS		Change	Addition	
TITLE TITLE TITLE TITLE TITLE THAT CHANGE Addition NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS	3	☐ Change	Addition	

4/20/03