2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000090357

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

6077 OAK BLUFF WAY

LAKE WORTH FL 33487

DOCUMENT #

LIBERTY BIRDS, INC.

Principal Place of Business

2. Principal Place of Business

6077 OAK BLUFF WAY

LAKE WORTH FL 33467

Suite, Apt. #, etc.

City & State

Zip

1. Entity Name

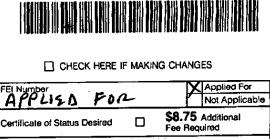


4/1

FILED May 09, 2003 8:00 am Secretary of State

04-18-2003 90169 038 ***150.00

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7. Name and Address of New Registered Agent Name and Address of Current Registered Agent STRATIS, GLAFKOS Street Address (P.O. Box Number is Not Acceptable) 6077 OAK BLUFF WAY LAKE WORTH FL 33467 City

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.

Country

SIGNATURE: DATE Signature, typed or printed name of registified agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

ELE (19W!!! FEE IS \$150,00 And May 1, 2003 Fee will be \$50.00

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Peyable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change TITLE Delete **STRATIS, GLAFKOS** NAME STREET ADDRESS 6077 OAK BLUFF WAY " STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lake worth FL 33467 ■ Addition ☐ Change **Delete** TITLE TITLE PIRILLIS, KOSTAS MAME NAME STREET ADDRESS STREET ADORESS 6077 OAK BLUFF WAY CITY-S1-ZIP CITY-ST-ZIE LAKE WORTH FL 33467 ☐ Addition Change -TITLE -- -- Delste ---TITLE STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITE. Oelete TITLE NAME NAME STREET ADDRESS 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)(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.

Devtime Phone #

CR2E034 (10/02)