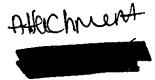
FILED

2003 FOR PROFIT CORPORATION

Jun 30, 2003 8:00 am **Secretary of State UNIFORM BUSINESS REPORT (UBR)** 06-02-2003 90187 007 ***150.00 P02000100461 DOCUMENT # 1. Entity Name TURNING POINT ZONE, INC. 55050210 Principal Place of Business Mailing Address 16522 S.W. 114 COURT 16522 S.W. 114 COURT MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State FFI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent. Name DIXON, JOYCE M Street Address (P.O. Box Number is Not Acceptable) 16522 S.W. 114 COURT MIAMI FL 33157 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE ٤ 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. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. President TITLE ☐ Delete TITLE Change Addition NAME MAME Joyce Marcia Dixon STREET ADDRESS STREET ADDRESS 16522 SWIIHCT CITY-ST-ZIP CITY-ST-ZIP miame, FL TITLE TITLE vice-President ☐ Delete Colin Norman DIXOr NAME NAME STREET ADDRESS STREET ADDRESS 65228W 114 ct CITY-ST-ZIP CITY-ST-ZIP Secretary TITLE TITLE Addition 4 ☐ Defete Colin Roy NAME NAME STREET ADDRESS STREET ADDRESS 16233 CITY-ST-ZIP CITY-ST-ZIP 📋 Change TITLE Defete me Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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.



TURNING POINT ZONE, INC. 16522 SW 114TH COURT MIAMI, FLORIDA 33157

5505020 2470200010046T

May 29, 2003

Form 8109-C (Rev. 12-2002)

Florida Department of State Division of Corporation Po Box 1500 Tallahassee, Fl. 32399-1500 Doc # P02000100401

Send FTD Address Change and correspondence to the IRS address above.

To Whom It May Concern:

This letter is following my conversation with your department this morning, to request a fee waiver as advised by an agent of your department.

Due to severe illness and hospitalization of an immediate family member, I was out of the State for the earlier part of the 2003-year, and was unaware of the filing of this form and therefore did not leave instructions with anyone. My business was temporarily closed as a result of my absence.

As advised, I am enclosing a check in the amount of \$150.00 for Turning Point Zone, Inc. Please accept my payment and be assured that this would not be a reoccurring event as I have requested that the forms be mailed to my accountant/registered agent.

Thanking you in advance for your understanding in this matter.

Regards	
FTD ADDRESS CHANGE An address change here changes your address on the FTD coupons only.	Employer Identification Number (EIN) . OMB No. 1545-0257
New Address 및	Infinite Inf
City Zip	INTERNAL REVENUE SERVICE CENTER CINCINNATI, OH 45999