FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SESMATURE AND TYPES OR PROPRED SAME OF SEC

an example of how to change the agent

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DOCU	MENT # P010000	000 POZ00	01171	3]	[7]	EU	
	Dimensional Properties,				03 JUN 1 1 PM 12: 18		
			<u>-</u>		SECRETARY	OF STATE	
					SECRETARY TALLAHASSE	FLORIDA	
	DO NOT WRITE		AUE				
	Place of Business Minippo Dr	3. Mailing Address (0938 m)	AMERICAN PROPERTY OF STREET	Marie Caracteria			
Suite, Apt. #, etc. Suite, Apt. #, etc.			n the	. <u></u>	DO NOT WRITE IN THIS SPACE		
City & Stat	10938 1000 mida	City & State	Horus		4. FEI Number	Applied For	
. OΛ Q Zφ	ndo i-)Coruda	Zip	Country		5. Certificate of Status Desired	Not Applica \$8.75 Additional	ible !
52819	ME-AND ADDRESS OF CUR	BUT AGENT	us A	<u></u>	d Address of NEW Registered A	Fee Required	\dashv
	IDA AGENT SERVICES, I		Name	Tra	cy Samy	e Is	\neg
1221 BRICKELL AVE STE 900				Street Address (P.O. Box Number is Not Acceptable)			
MIAM	I FL 33131c (see select)		O _V	lanc	do Funcio	la 32.	
			Cay	May	d6	FL Zin Code	. .
8. The above	e named entity submits this statement for	the purpose of changing its	registered office	or registered	agent, or both, in the State of Flor	ida.	
SIGNATURE	hour So	mels_				903	
	Signature, typed or parand ranged registered agree as		Registered Agent slip av 1. Fee is \$1			OKIL:	
Tex filling	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May	1. Fee is \$550. LUBR is \$61.2	00	10. Election Campaign Fina Trust Fund Contribution.		
(See crite	ria on back) OFFICERS AND I	Make Check Payab	le to Departme	int of State		. Ti bis 4-35 lein die na 25 in 1940 au	era ar
шл	Vourname Tracy Samuels,		mex	al Hoza est			7 (J)
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STREET ADDRESS CLTY-ST-ZEP			STREET ADDRESS				
13. Thereby	certify that the information supplied with	this filling does not qualify for	the exemption st	tated in Secti	on 119.07(3)(), Florida Statutes, I f	further certify that the information	n n
of the co	f on this report or supplemental report is rporation or the receiver or trustee empo ent with an addingss, with all other like em	wered to execute this report	y signature shall t as required by	nave the sat Chapter 607,	me regal effect as it made under oa Florida Statutes; and that my nam	in; instian an officer or director ie appears in Block 11 or on an	or

-9-03

Tracy Samuels Linguistics for the management of the presence Dimensional Properties Inc. The property cross so it was to home types the man to be my 6938 Minippi Dr. Fr. Mis were Orlando, Florida 32818 407-296-6155 AND# P02000117131

Division of Corporation:

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We are writing this letter concerning delinquent uniform business report, we spoke to your office on June 9, 2003 and was advised to send this explanation with the amount \$150.00. We filed our incorporation with Florida agent services via your web site.

After filing the incorporation and filing for the Federal Employer Identification number as instructed by the agency as a start up business. The agency then informed us that we have to file and pay the uniform business report, we sent the \$150.00 fee to the agency and was informed that we must file for a local occupational license and the form was given to us for the uniform business report. We filed and received the occupational license on May 19,2003 and returned the form and fee to the agency and was told to mail the fee to your office. SAL SAMP HERE Occupy (Said Said

On June 9, 2003 we spoke to your office and was informed that we had to write this explanation to you. We are committed to doing business the proper way by filing all necessary paperwork and fees involved in the process of getting our business up and running in Florida. We have been dependent upon information we receive from your office and the Florida agent services and our research through local agencies.

We appreciate your consideration in this matter.

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Thank you,

Tracy Samuels