FILED May 29, 2003 8:00 am Secretary of State

2003	FOR	PROFIT	CORPOR	ATION
UNIFO	RM B	USINES	S REPORT	Γ (UBR)
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DOCUMENT # P02000121085  1. Entity Name NMMA, INC.					04-2	28-2003 90173	3 020 **	**150.00		
	ce of Business		Mailing Address				•			
2901 W. BUS Suite 803	ICH BLVD.		2901 W. BUSCH BLVD. SUITE 603							
TAMPA FL 33618   TAMPA FL 33618					ļ	( 	<b>Bo</b> rn Boul Bold in Media 1		OL 10101 E116 1841	
2. Principal F	Place of Busine		3. Mailing Address							
Principal Place of Business     Mailing Address						1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 82-057154	13		Applied For Not Applicable	-		
Zip	Country		Zip Cou		try	5 Certificate of Status Desired 38.		\$8.75 Ad		1
	6. Name a	nd Address of Current F	Registered Agent			7. Name and Address of	New Registered A			1
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BORH, IN	lside drive	•			Street Address (F	P.O. Box Number is Not Acce	ptable)	_		1
	RT RICHEY FL	34652							<del> </del>	1
					City	<del></del>		Zip Co		{
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	tions of register		the purpose of changing if	s registere	a office or register	ed agent, or both, in the State	e or Fiorida, i am ra	ımınar witn	i, and accept	1
SIGNATURE	Salada Spad	printed name of registered agent ar	nd title if applicable. (NO	TE: Registered	Agent signature required	When rainstating)	DATE		<del></del>	}
		FEE IS \$150.00				9. Election Campa	ion Financina	ec.	00	1
		Fee will be \$550.00	Ctata			Trust Fund Cont			00 May Be ad to Fees	.
10.	R Payable to r	orida Department of OFFICERS AND D		11.		ADDITIONS/CHANGES TO	OCENCEDS AND	NIDECTOL	29 INI 11	Į
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NAME	Shay	ia Rogers		NAME					_	5
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12. I hereby certify that the information supplied with his 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 flustes 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.										
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SIGNATURE REQUIRED 4/25/33 8/3-23/8/30 SIGNATURE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Design Prior of Significant Prior of Sig										