

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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|---|-----------------------------|--|----------------|
| DOCUMENT # P02000125042 | | | |
| 1. Entity Name CORINTHIAN EAST INC. | | | |
| Principal Place of Business 7425 GOLDEN GLENN CT ORLANDO, FL 32807 US | | Mailing Address 7425 GOLDEN GLENN CT ORLANDO, FL 32807 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI number 510436573 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| YOUSSEF, BASSEM M 7425 GOLDEN GLENN CT ORLANDO, FL 32807 | | Name Street Address (P.O. Box Number is Not Acceptable) 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 Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY-STATE-ZIP | CITY-STATE-ZIP | CITY-STATE-ZIP | CITY-STATE-ZIP |
| | Director | | |
| | Bassem M. Youssef | | |
| | 7425 Golden Glenn Ct | | |
| | Orlando, FL 32807 | | |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(j), 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 807, 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. | | | |
| SIGNATURE: _____ | | Date: 4/29/03 407-493-9999 | |

55048375

CHECK HERE IF MAKING CHANGES

CORPFORM 1100ZB