FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91515 043 ***150.00

1001

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000125160

1. Entity Name
KLN, INC.

Principal Place of Business	Mailing Address
142 SEMORAN BLVD STE 247 CASSELBERRY, FL 32707-4203	142 SEMORAN BLVD STE 247 CASSELBERRY, FL 32707-4203

2. Principal Place of Business: 478 EAST ALTAMONTE DR.	3. Mailing Address: 478 EAST ALTAMONTE DRIVE
Suite, Apt. #, etc.: SUITE 108-143	Suite, Apt. #, etc.: SUITE 108-143
City & State: ALTAMONTE SPRINGS, FL	City & State: ALTAMONTE SPRINGS, FL
Zip: 32701 Country: SEMINOLE	Zip: 32701 Country: SEMINOLE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 52-2384774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, CAROL R
142 SEMORAN BLVD STE 247
CASSELBERRY, FL 32707-4203

7. Name and Address of New Registered Agent

Name: LEE, CAROL R.
Street Address (P.O. Box Number is Not Acceptable): 478 EAST ALTAMONTE DRIVE SUITE 108-143
City: ALTAMONTE SPRINGS FL Zip Code: 32701

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: *Carol Lee* DATE: 4-25-03

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

FILE NOW!!! Fee is $150.00. After May 1, 2003 Fee will be $550.00. Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LEE, CAROL R 142 SEMORAN BLVD STE 247 CASSELBERRY, FL 327074203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 478 EAST ALTAMONTE DRIVE SUITE 108-143, ALTAMONTE SPRINGS, FL. 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD LEE, ANDREW J 142 SEMORAN BLVD STE 247 CASSELBERRY, FL 327074203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 478 EAST ALTAMONTE DRIVE SUITE 108-143 ALTAMONTE SPRINGS, FL. 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E030 (10/02)

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.

SIGNATURE: *[signature]* Date: 4-25-01 Daytime Phone #: 321-436-7418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDY LEE