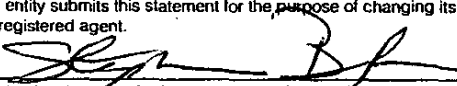
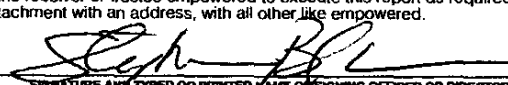


**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90008 046 \*\*\*150.00

TBS, INC. TRBG, Inc. PO 30000 52784		Principal Place of Business P.O. BOX 536632 ORLANDO, FL 32853-6632		Mailing Address P.O. BOX 536632 ORLANDO, FL 32853-6632	
2. Principal Place of Business 1701 Baltimore Dr Suite, Apt. #, etc.		3. Mailing Address 1701 Baltimore Suite, Apt. #, etc.		09022004 Chg-P CR2E034 (10/03)	
City & State Orlando FL		City & State Orlando FL		4. FEI Number 06-11695680 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32810 Country USA		Zip 32810 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUME, STEPHANIE 1526 EAST CONCORD ST. ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Blume, Stephanie Street Address (P.O. Box Number is Not Acceptable) 1701 Baltimore Dr City Orlando FL Zip Code 32810	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BLUME, STEPHANIE P.O. BOX 536632 ORLANDO, FL 328536632 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		9/11/04 407-644-1991 Date Daytime Phone #			

Attachment  
24084055-  
#P03000052784  
**TBG, Inc**

1701 Baltimore Drive  
Orlando, Florida 32810  
407-644-1991 Phone 407-644-1770 Fax

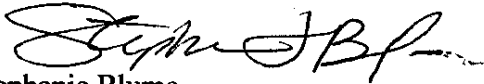
September 1, 2004

Division of Corporations  
PO Box 6198  
Tallahassee, Florida 32314-6198

To Whom It May Concern:

Kindly find the following payment for TBG, Inc. and a copy of payment sent in April 2004. I would like to keep the above corporation registered with the state of Florida. Please accept the following resubmitted payment without any penalty fees. Additional fees will cause undo hardship to the above corporation. Please have someone contact me with further questions.

Sincerely,



Stephanie Blume  
President

Attachment


# P03 000053784

STEPHANIE J. BLUME 1701 Baltimore Dr  
1526 E GONGORA ST. 407-896-2768 Orlando FL 32810  
ORLANDO FL 32803-5412

63-8413/2670  
3833065598

1174

DATE 4-1-04

PAY TO THE ORDER OF Division of Corporations \$ 150.00  
One hundred fifty ~~XX~~ HUNDREDS 

Washington Mutual

Washington Mutual Bank, FA  
Orlando Colonial Plaza Financial Center 1673  
2301 E. Colonial Drive 1-800-788-7000  
Orlando, FL 32803 24-hour Customer Service

NOTES TBG, Inc PO Box 536632  
Orlando FL 32853

 NP