## FILED Apr 08, 2005 8:00 am Secretary of State 04-08-2005 90031 033 \*\*\*150.00

DOCUMENT # P03000055116  1. Entity Name ORION SERVICES INTERNATIONAL, INC.				สักถัสกเร	τ
Principal Place of Business Mailing Address 5181 NE 18TH AVENUE #4 5181 NE 18TH AVENUE # FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 3				•	
2. Principal Place of Bysiness 3840 NE 1414 AVE	3. Mailing Address 3840 NE 14	TH DIL			
Suite, Apr. #, etc. Suite, Apr. #, etc.			03272005 Chg-P	CR2E034 (10	/03)
City & State POMPANO REACH, FL POMPANO BEA		APH FI	4. FEI Number 77-0598874	_ <del></del>	Applied For Not Applicable
Zip Country 33064-6150 - USA	Zip C	ountry USA	5. Certificate of Status Desi	ired	Additional
6. Name and Address of Current		Name	7. Name and Address of N		
TOMLINSON, JOHN L 500 NW 62ND STREET		Street Address (P.O. Box Number is Not Acceptable)			
STE 455 FORT LAUDERDALE, FL 33309					
Town Broberta Certific States		·City	<del></del>	FL Zip	Code
The above named entity submits this statement to the obligations of registered agent:	r the purpose of changing its regi	stered office or registe	ered agent, or both, in the State	<u> </u>	with, and accept
SIGNATURE	F. 1				
Signature, typed or printed name of registered agent	and title d'applicable (NOTE, Reg	estered Agent algregate require	d when remaining)	DATE	
FILE NOW!!! FEE IS \$150.00 (After May 1, 2005 Fee will be \$550.00)	9. Election Campaign F Trust Fund Contribut		5.00 May Be ded to Fees		
10. Some Confidence And		11.	ADDITIONS/CHANGES TO		
NULE PD DVORAK, MICHAE STREET ALORESS 5181; NE 18TH AVENUE #4 1 2 CITY-S1-2P FORT LAUDERDALE, FL 33334	8 9°	NAME PD VE STREET ADDRESS 38 CITY-SI-ZIP POR	DRAK MICHAL 40 NE 1474 AVC 1PANO BEACH, 1	⊠ch 5/ <i>cP≀DA</i> .33c	_
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-SI-ZIP		Ch.	ange 🗖 Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	·	TITLE NAME STREET ADDRESS	e and the second se	□ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W	□ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		Ch	ange 🔲 Addition
<ol> <li>I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp changed, or on an attachment with an address,</li> </ol>	this filing does not qualify for the true and accurate and that my si owered to execute this report as re with all other like empowered.	exemption stated in Signature shall have the equired by Chapter 60			i i
SIGNATURE: July	SOO MICH	AL DUCKAK	4/4/0	454856 Dayanse Ph	9005