FILED Jul 26, 2004 8:00 am Secretary of State

Some and the design of registered agent of the purpose of changing its registered disco or registered agent, or both, in the State of Rorida. I am familiar with, and accordance by Some properties agent, or both in the State of Rorida. I am familiar with, and accordance by Some properties agent, or both in the State of Rorida. I am familiar with, and accordance by Some properties agent, or both, in the State of Rorida. I am familiar with, and accordance or registered agent, or both, in the State of Rorida. I am familiar with, and accordance or registered agent, or both, in the State of Rorida. I am familiar with, and accordance or registered agent, or both, in the State of Rorida. I am familiar with, and accordance or registered agent, or both, in the State of Rorida. I am familiar with, and accordance or registered agent, or both, in the State of Rorida. I am familiar with, and accordance or registered agent, or both, in the State of Rorida. I am familiar with, and accordance or registered agent, or both, in the State of Rorida. I am familiar with, and accordance or registered agent, or both, in the State of Rorida. I am familiar with, and accordance or registered agent, or both, in the State of Rorida. I am familiar with, and accordance with a soft registered agent. Software, bond or registered agent. FILE MOWNII FEE Is \$150.00 B. Bection Campaign Financing That Fund Contribution B. Bection Campaign Financing That Fund Cont	i. Entity Namo	MENT # PN3NN0	164566	a the sign	0,			***150.0
16057 TAMPA PALMS BLVD WEST 16057 TAMPA PALMS BLVD WEST 505 TAMPA, FL 33647 US	MEDIA SP	e i	,					
SIGST TAMPA PALMS BLVD WEST OS SAMPA, FL 33647 US SAFE, Apt. #, etc. SUBJ. APPLA FL 33647 US SAFE, Apt. #, etc. SUBJ. APPLA FL 33647 US SAFE, Apt. #, etc. SUBJ. APPLA FL 33647 US SAFE, Apt. #, etc. SUBJ. APPLA FL 3661 (1003) City & State A Ell Number [A Departed for For Packaged Subj. Appl. #, etc. SUBJ. Ap		, , , , , , , , , , , , , , , , , , ,		95	` [
SARPA, FIL 33647 US SARPA, FI	nncipel Place	a of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	7	0.00		
Principal Pisco of Business Surio, Apt. 6 cc. Sur	05	9 1	505	BLVD WEST	6643	0613		
Surio, Apt. f. ch. Surio, Apt. f. ch. City & State Country Country Country Country City & FL Zip Code City & City & FL Zip Code City & City & FL Zip Code City & City & FL City & FL Zip Code City & FL	AMPA, FL 3.	3647 US	TAMPA, FL 33647	US	A COURSE OF COURS OF COURS	ım enik dürü bira oldı	er um e e ma em	NEEDE OLONIA
City & State City & State Country Zip Country Zip Country S. Cartificate of Status Desired S8.75 Additional rice Required Appeter S8.75 Additional rice Required Agent S8.75 Additional rice Required Agent Required Agent Required Agent Required Regular Reg			3. Mailing Address					
Delate D			Suite, Apt. #, etc.			CR2E03	14 (10/03)	
8. Certhocas of Status Desired Foe Required For Required	City & State	3	City & State	City & State		15	<u> </u>	plied For Applicable
MILLIAMS, D.G. BOST TAMPA PALMS BLVD WEST City FL Zip Code It The above natived entity authorist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of registered agent, or both, in the State of Rorida. I am familiar with, and accordance of Rorida. I am familiar with, and accordance with s. 607, 193(2)(b), F.S., the Added to Fees or corporation did not receive the prior notice. Date by September 8, 2004 In accordance with s. 607, 193(2)(b), F.S., the Added to Fees or corporation did not receive the prior notice. Date of FICERS AND DIRECTORS IN 11 In accordance with s. 607, 193(2)(b), F.S., the Added to Fees or corporation did not receive the prior notice. Date of FICERS AND DIRECTORS IN 11 In accordance with s. 607, 193(2)(b), F.S., the Added to Fees or corporation did not receive the prior notice. Date of FICERS AND DIRECTORS IN 11 In accordance with s. 607, 193(2)(b), F.S., the Added to Fees or corporation did not receive the prior notice. Date of FICERS AND DIRECTORS IN 11 In accordance (FICERS AND DIRECTORS IN 11) In ac	Zip	Country	Zip ·	Country	5. Certificate of Status Desi			
Street Address (P.O. Box Number is Not Acceptable) City		6. Name-and Address of Cu	rrent Registered Agent			low Registered A	gent	
Street Address (P.O. Box Number's in Not Acceptable) Street Address (P.O. Box Number's in Not Acceptable) City FL Zip Code City C	MITIANE	ng		Name	يستگري <u>د ين ده سازي ساني کاد آمر</u> د وي ساني. 	مینده دست است کانیتیا است		-
City FL Zip Code City FL Zip	6057 TAM 605	IPA PALMS BLVD WEST	and the second s	Street Addres	ss (P.O. Box Number is Not Accep	otáble)		
It The above named entity aubmits this sustement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accident of registered agent. ICONATURE Streams, hood or printed name of requisered agent and title 4 applicable. PILE BIOWITH FEE IS \$150.00 Due by September 8, 2004 Due by	TAMPA, FL	L 33647		ļ		<u> </u>		
the colligations of registered agent. Charge	•			City	•	FL	Zip Code	3
TITLE NAME STREET ADDRESS STREET ADD						nce with s. 607, a did not receive	193(2)(b), i the prior n	F.S., the notice.
STREET ADDRESS STREET	10.	OFFICERS	S AND DIRECTORS			OFFICERS AND	DIRECTORS	
TITLE MANAE MANAE MANAE MANAE STREET ADDRESS MIY-ST-ZIP TITLE MANAE MAN	NAME STREET ADDRESS	: * + *********************************	Delete	NAME STREET ADDRESS	DEG WIN	itone 10)d	Espandition
STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE OLINE TIT	m.s	1	□ Oelete		1/3.PM LKL	<u> </u>		Addition
TITLE Change Add MANE STREET ADDRESS CITY-ST-ZEP CITY		1 %		I I I I		•	Change	
TITLE CHANGE ADDRESS SITEST ADDRESS CITY-ST-ZIP TITLE CHANGE TITLE	MANE TREET ADORESS			NAME Street address			☐ Change	
AAME STREET ADDRESS STRY-ST-ZIP TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	mme Treet adoress Hy-ST-ZIP HTLE MME			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Addition
CITY-ST-ZIP	MANE ITREET ADORESS ITY-ST-ZIP ITLE IAME ITREET ADORESS ITHEET ADORESS ITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	<u> </u>
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS STY-ST-ZIP DITLE NAME STREET ADDRESS CITY-ST-ZIP UTILE NAME		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	<u> </u>
	MAME ITREET ADDRESS ETY-ST-ZIP UTLE MAME ITREET ADDRESS ETY-ST-ZIP UTLE TITLE MAME ITREET ADDRESS ETY-ST-ZIP UTLE MAME ITREET ADDRESS ETHELY ADDRESS	4	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	<u> </u>
	MAME TREET ADDRESS STY-ST-ZIP UTLE WAME TREET ADDRESS STY-ST-ZIP TREE WAME TREET ADDRESS STY-ST-ZIP TREE WAME TREET ADDRESS STY-ST-ZIP TREE WAME		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME			Change	Addition
NAME .	MAME ITREET ADDRESS RITY-ST-ZIP ITLE HAME ITREET ADDRESS RITY-ST-ZIP TITLE AME ITREET ADDRESS RITY-ST-ZIP TITLE HAME ITREET ADDRESS RITY-ST-ZIP TITLE HAME ITREET ADDRESS		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Change	Addition
STREET ADDRESS CITY-ST-ZIP 12. I hereby cardity that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my eigensture shall have the same legal effect as if made under out; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 1	STREET ADDRESS SITY-ST-ZIP ITTLE HAME STREET ADDRESS CITY-ST-ZIP ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE HAME HAME		☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Change Change	Addition Addition