

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2004 8:00 am Secretary of State

05-05-2004 90198 038 ***150.00

DOCUMENT # P03000085998 1. Entity Name SUPERLATIVE ENTERPRISES INC.



24070863

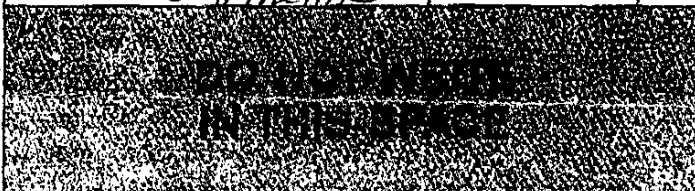


2. Principal Place of Business 5350 6th AVE N. ST. PETERSBURG, FL 33710 Pinellas

3. Mailing Address Suite, Apt #, etc. City & State Zip Country

4. FEI Number 47-0926544 Applied For Not Applicable 5. Certificate of Status Desired \$6.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



7. Name and Address of Current Registered Agent Name GENE BRICE Street Address (P.O. Box Number is Not Acceptable) 5350 6th AVE N. City ST PETERSBURG FL Zip Code 33710

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



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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: P.V. ST, GENE BRICE, 5350 6th AVE N., ST PETERSBURG, FL 33710. Other rows are redacted.

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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like employees.

SIGNATURE [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 727-804-2880 Date