2004 FOR PROFIT CORPORATION

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DOCUMENT # P03000099579											
1. Entity Name											
MLLM, INC.			وسمو					·	FI	LED	
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Principal Place of Business Mailing Address							1	$\overline{}$			
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BUNNELL, FL	. 32110		BUNN	BUNNELL, FL 32110					ALLAHAS	Stt, FL(DRIDA
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2. Principal P	lace of Busin	ess ·	3. Mailir	3. Mailing Address							
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			10122004	Chg-P	CR2EC	34 (10/03)	
City & State			City &	City & State			4. FEI Numb			h	plied For t Applicable
Zip Country			Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current I			rrent Registered	egistered Agent			7. Name and Address of New Registered Agent				
V. Neme and Address of Current Highsteley Agent								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-90	
SCOTT, ROBERT.H JR.											
338-G PARQUE DR. ORMOND BEACH, FL 32174						Street Address (P.O. Box Number is Not Acceptable)					
					_						
					C	ity			FL	Zip Code	Э
		submits this statem	ent for the purpo	se of changing its	registered o	llice or registe	red agent, or bo	oth, in the State of	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 apolicable. (NOTE: Registered Agent signature required when renstiting) DATE											
Ogradica, (grow or printed reality or registered registration and in oppositions). (ITAX) E. registrate registration resulted finited (RIBERING). DATE											
9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Find Contribution Added to Fees											
Am	ended Ar	(15 \$61.25		Trust Fund Cont	ribution.	LJ Add	led to Fees	-			
10.		OFFICERS	AND DIRECTOR	88	11.		ADDITIONS	CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
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indicated	on this repo	e information supplie it or supplemental re	port is true and a	accurate and that r	ny signature	shall have the	same legal effe	ct as il made un	der oath; that I	am an officer	or director
of the corporation of 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.											
~ 1100											
SIGNAT	URE: $^{\prime}$	v land	11. F~			1. HU	LEEMAL		10-12-04		
		SIGNATURE AND TYPE	ED OR PRINTED NAME	E OF SIGNING OFFICER	OR DIRECTOR			Date	ſ	Jaytime Phone #	