

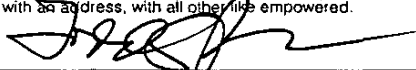


RECEIVED SEP 13 2005

PS Log 2

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P04000090632</b> 1. Entity Name <b>SZP ENTERPRISES, INC.</b></div><div style="text-align: center;"></div></div>		<div style="text-align: right;"><b>FILED</b> <b>05 SEP -9 AM 10:16</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b> <b>3/11/05 90306 028 150.00</b> </div>																					
Principal Place of Business <b>4000 HOLLYWOOD BLVD #400-NORTH HOLLYWOOD, FL 33021</b>		Mailing Address <b>4000 HOLLYWOOD BLVD #400-NORTH HOLLYWOOD, FL 33021</b>																					
2. Principal Place of Business		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
6. Name and Address of Current Registered Agent <b>PAYNE, TODD S ESQ. ZEBRESKY &amp; PAYNE, LLP 4000 HOLLYWOOD BLVD #400-NORTH HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"><span><b>FL</b></span><span>Zip Code</span></div>																					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:50%; vertical-align: top;"><input type="checkbox"/> Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:50%; vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>		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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div><b>3/11/05 954-989-6333</b> Date Daytime Phone #</div></div>																							

