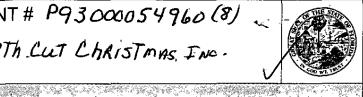
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9300054960 (8) NORTH CUT CHRISTMAS INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90176 027 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 7405 5W 12155 · Suite, Apt. #, etc. 7405 SW 12751 Suite, Apt. #, etc. City & State City & State FI.

11009874

4. FEI Number

DO NOT WRITE IN THIS SPACE

Applied For

MIA	mi FL.	MiAmi	F/-	65-0431951	Not Applicable
33156	Country	Zip 33156	DAda	5. Certificate of Status Desired	\$8.75 Additional Fee Required
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			Name		
en de la companya de	DO NOT V	VRITE	Street Address	(P.O. Box Number is Not Acceptable)	
	IN THIS S	DACE			
T					
			City	F	Zip Code
8. The above r	named entity submits this statemer	it for the purpose of changin	g its registered office or regist	ered agent, or both, in the State of Florida. I an	
	ons of registered agent.	J	J		
	<u>`</u>				
SIGNATURE _	ignature, typed of printed name of registered as	gent and title if applicable.	(NOTE: Registered Agent signature require	ed when reinstating) DATE	
	uary 1 - Máy 1 Fée is \$150.00		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	After May 1, Fee is \$550.00 Amended UBR is \$61.25			Section Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
	Payable to Florida Departmen	of State			
10.		ND DIRECTORS	in the contract of the contrac		
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NAME	JUNE WINKLE		NAME		
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NAME			NAME	and the second s	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY, ST-ZIP	4 May Balling Martin Co. 1 F	
	rtify that the information eupolicids	with this filing does not qualif		Section 119.07(3)(i), Florida Statutes. I further o	ertify that the information
indicated o	in this report or supplemental repo	rt is true and accurate and the	hat my signature shall have the	e same legal effect as if made under gath; that	Lam an officer or director

indicated on mis report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 on an attachment with an addices, with all other like empowered.