2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P93000065245

1. Entity Name



Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90388 022 ***150.00

TITLE TAME TAME TOP DECKER, RAINER TAME TOP DECKER, RAINER TAME TOP DECKER, RAINER TAME TAME TOP TOP DECKER, RAINER TAME TAME TOP TOP DECKER, RAINER TAME TAME TOP			JINGS, INC.			/						
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Suries, Apit. #, etc. City & State Country Country Country Country Country Country S. Certificate of Status Desired S. R. FE Inturber S. Sept Additional Face Requisitemed Agent Name RAZIEL, DENNISD BOO IN MARNOULA AVENUE SUITE 1400 CITY Street Address; (P.O. 5cx Number is Not Acceptable) City FL Zip Code The Desired Address of New Registered Agent City FL Zip Code S. The above number on thy submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fondal. I am familiar with, and accept the pollupations of registered agent. SIGNATURE Signature FILE NOWITI FEE IS \$150.00 Affect May 1, 2003 Fee will be \$550.00 Make Check Payable to Friends Department of State OFFICIES AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO						-						
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RRAZIEL, DENNIS D 800 N MAGNOLIA AVENUE SUITE 1400 ORLANDO FL 32803 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. School Acceptations of Florida Department of State of Planta Agents of Florida Department of State	City & State		City & State			4. FEI Nu	F0-2207180 					
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12. I hereby certify that the information supplied with this filling 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. D. Mallon

SIGNATURE:

1/15/03