FILED Feb 01, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072093

SUITE 1200 SUITE 1200	1. Entity Nam	CO ENTERPRISES, INC.					1 y 01 Sta 0163 026 ***150			
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Signarus reserved entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiprida. Signarus reserved entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiprida. Signarus reserved entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiprida. Signarus reserved entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiprida. Signarus reserved entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiprida. Signarus reserved entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiprida. Signarus reserved entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiprida. Signarus reserved agent agen	City & Stat	de	City & State		4. FEI Nun	nber 59-3212898	<u> </u>			
NEUKAMM, MICHAEL E 201 E. PINE ST. SUITE 1200 ORLANDO FL 32801 Chy Chy FL Zy Code Chy FL Zy		Country	Zip	Country	5. Certifica	ate of Status Desired	\$8.75 A	dditional		
NEUKAMM, MICHAEL E 201 E. PINE ST. SUITE 1200 ORLANDO FL 32801 City FL Zi/Code City FL Zi/Code City FL Zi/Code 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 Floride. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and decis to do so. After MAY 1, 2001 Fee will be \$559.00 Make Chees will be \$559.00 Make		6. Name and Address of Current F	Registered Agent		7. Name a	nd Address of New Re	egistered Agent			
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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 this time empowered, to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with amother like empowered.

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5d6-338-1217 Daytime Phone #