## FILED Apr 24, 2003 8:00 am Secretary of State

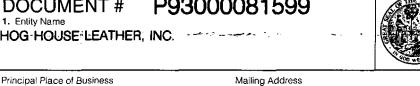
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## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

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HOG-HOUSE*I	LEATHER.	INC
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2606 NORTH ARMENIA AVENUE 4048 W KENNEDY BLVD **TAMPA FL 33607** STE 606 **TAMPA FL 33609** US 3. Mailing Address 406 5 2. Principal Place of Business Howard Suc Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3213007 FC. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired us A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KANOUFF, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 4048 W KENNEDY BLVD #606 TAMPA FL 33609 Zip Code: City - ---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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition KANOUFF, WILLIAM NAME NAME 4048 W KENNEDY BLVD STE 606 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tampa fl TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Delete Addition TITLE TITLE ☐ Change NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP