2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031974

1. Entity Name

THE SECOND CITY COMPANY



FILED Mar 19, 2003 8:00 am & Secretary of State

03-19-2003 90157 036 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								7					
Suite, Apt. 8, etc. City & State	P.O. BOX 21 TAMPA FL 3	1527	ss	P.O. Tami	P.O. BOX 21527 TAMPA FL 33610								
City & Siste Ci	2. Principal	Place of Busi	ness	3. Ma	iling Address								
City & State Ci	Suite, Ap	t. #, etc.		Sui	Suite, Apt. #, etc.				. 🗆 CHECK HEBE IE	MAKING C	HANGES		
Security	City & Sta	ate		City	City & State			+	4. FEI Number 59-3239038 Applied F				
Name and Address of New Registered Agent Name	- Zip -		Country	Zip	Zip Country			=	5. Certificate of Status Desired		3.75 Ad	ditional	
MOSS, CRAIG I 6604 N HARKEY ROAD, SUTTEA TAMPA FL 33610 City FL Zip Code City FL Z		6. Name	and Address of C	urrent Register	ed Agent	l			7. Name and Address of New Day			ed .	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)					oo Agont		Name		7. Name and Address of New Reg	stered Age	<u>ent</u>		
Sincer Address (P.O. Box Number is Not Acceptable) City FL Zip Code	MOSS, C	RAIG I											
City FL Zip Code 8. The above named entity submitted this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the Indian and officer of accept and accurate and not not sugarified the following specific set as if made under call; that I am and officer or accept of acceptance and not my significant and before the acceptance and not my significant and acce	-		AD SUITEA		Street Address			ss (P.C	Box Number is Not Acceptable)				
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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signame. Upper or pristo Pame of Ingitation agent and title it aspiciation. PNOTE: Registered Agent signature majorated when revealed with an invalation; DATE	ľ		5 , 001121										
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SIGNATURE:

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