

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000044047**

1. Entity Name

NANA-RAY CORPORATION**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90267 040 ***150.00

Principal Place of Business	Mailing Address
1320 MORELAND DRIVE SUITE A-3 CLEARWATER FL 33764 US	1320 MORELAND DRIVE SUITE A-3 CLEARWATER FL 33764-2929 US

2. Principal Place of Business	3. Mailing Address
1901 N. 13TH STREET	P.O. BOX 24016

Suite, Apt. #, etc.	Suite, Apt. #, etc.
100	

City & State	City & State
TAMPA, FL	TAMPA, FL

Zip	Country	Zip	Country
33605		33623	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KLACE, TIM J 1320 MORELAND DRIVE SUITE A-3 CLEARWATER FL 34624

7. Name and Address of New Registered Agent
Name CAREY, MICHAEL R.
Street Address (P.O. Box Number is Not Acceptable)
782 S. OREGON AVE.
City TAMPA
FL
Zip Code 33606

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.

SIGNATURE Michael R. Carey DATE 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLACE, TIM J 1320 MORELAND DRIVE A-3 CLEARWATER FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STANTON, JOHN 1901 N. 13TH STREET, SUITE 100 TAMPA, FL 33605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STANTON DATE 4/25/00 DAYTIME PHONE # 813/310-4898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR