

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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90034 030 ***150.00

DOCUMENT # 994000062449
1. Entity Name
J & M AIR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1901 W. 47TH PLACE Suite, Apt. #, etc. SUITE 200 City & State WESTWOOD, KS Zip 66205		3. Mailing Address 1901 W. 47TH PLACE Suite, Apt. #, etc. SUITE 200 City & State WESTWOOD, KS Zip 66205 Country USA	
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94030720

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1155938		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CORPORATION INFORMATION SERVICES, INC.	
	Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
	City TALLAHASSEE	FL Zip Code 32301

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE DC NAME TREVINO, LEE STREET ADDRESS 1901 W. 47TH PLACE, SUITE 200 CITY-ST-ZIP WESTWOOD, KS 66205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE DT NAME TREVINO, CLAUDIA STREET ADDRESS 1901 W. 47TH PLACE, SUITE 200 CITY-ST-ZIP WESTWOOD, KS 66205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE P NAME ENENBACH, DAVID E. STREET ADDRESS 1901 W. 47TH PLACE, SUITE 200 CITY-ST-ZIP WESTWOOD, KS 66205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S NAME BROWN, ARNOLD H. STREET ADDRESS 1901 W. 47TH PLACE, SUITE 200 CITY-ST-ZIP WESTWOOD, KS 66205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/10/04** **(93) 432-1020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #