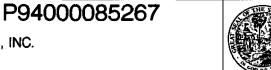
Apr 07, 2003 8:00 am Secretary of State

DOCUMENT#



1. Entity Name COFFEE TIME SERVICES, INC.								04-07-2003 90145 007 ***150.00			
Principal Place of Business 5960 LAKEHURST DR ORLANDO FL 32819 2. Principal Place of Business Suite, Apt. #, etc.			Mailing Address 5960 LAKEHURST DR ORLANDO FL 32819			,					
2. Principal F	Place of Busin	ness	3. Mai	3. Mailing Address							
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number 59-3280508 Applied For Not Applicable			
Zip	المعادر مرتبط	Country	Zip		Coun	try	5.	Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current f				ed Agent	<u> </u>	7. Name and Address of New Registered Agent					
						Name					
	N, MAURY N					Street Address (P.O. Box Number is Not Acceptable)					
5960 LAKEHURST DR ORLANDO FL 32819											
						City		FL Zip Code			
	tions	eled agent.	YURY.BUR	stein flesh	ent	ed office or reg	_	gent, or both, in the State of Florida. I am familiar with, and accept USSO 3 Teinstating)			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o			0.00			· -		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.		OFFICERS	AND DIRECTO	RS	11.	····	AC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PD Burstein	, MAURY N		☐ Delete	TITLE			☐ Change ☐ Addition			
STREET ADDRESS CITY-ST-ZIP		kehurst Dr			STRE	ET ADDRESS ST-ZIP					
TITLE NAME Street Address City-St-Zip	DSTV BURSTEIN % 5960 L/ ORLANDO	KEHURST DR		☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition			
TITLE Name Street adoress City-St-Zip				☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	4			☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS DITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition			

tion 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 formation that 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the an address, with all other like empowered. 12. I hereby certify that the indicated on this report of the corporation or the changed, or on an attack.

SIGNATURE: