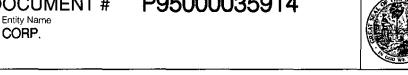
2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90330 009 ***150.00

FILED

| DOCUMENT # 1. Entity Name | P95000035914 | |
|----------------------------|--------------|--|
| X CORP. | | |



| Principal Place of Business 200 1ST AVE. INDIALANTIC FL 32903 | | 200 1 | Mailing Address 200 1ST AVE. INDIALANTIC FL 32903 | | | | ! Negrober had lekek bilik deliki berik deliki delik | 11/11 11/1/1 | ()(1 11 (1111) | 1101) 0201 1001 | |
|---|---|-----------------|---|--|---|------------------------------|---|-------------------------------|--------------------------|------------------------------|--|
| Principal Place of Business A Mail | | failing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite | Suite, Apt. #, etc. | | | - | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | | 4. | FE! Number 59-3323264 | | Applied For Not Applicable | | | |
| Zip | Country | Zip | معوضيات ويورده | Coun | itry | | Certificate of Status Desired | | 75 Add Require | | |
| | 6. Name and Address of Currer | nt Registere | d Agent | | | 7. | Name and Address of New Regist | ered Agen | t | | |
| | | | | | Name | | | | | | |
| MUIR, CHRISTOPHER J 200 1ST AVE. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| INDIALAN | TIC FL 32903 | | | | | | | | | | |
| | | | | | City | | | FL | Zip Code | | |
| the obligation | e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered agent. | MAL | VENUS | MARI | W kild kild kild kild kild kild kild kild | _ | · | DATE | ar with, | | |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department | | | | | | Election Campaign Financin Trust Fund Contribution. | g 🗆 | | 0 May Be I to Fees | |
| 10. | OFFICERS AN | D DIRECTO | RS | 11. | | AD | DITIONS/CHANGES TO OFFICERS | AND DIR | ECTOR: | 3 IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUIR, CHRISTOPHER J 200 1ST AVE. INDIALANTIC FL 32903 | * . | ☐ Delete | 1 | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | l l | den | | | Change | Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 1 | | | | Change | ☐ Addition | |

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.

SIGNATURE:

17 istopher Huir 4/24/03 1-321-768-6639