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

FILED Mar 25, 2002 8:00 am Secretary of State

DOCUMENT # P95000047132 1. Entity Name					03-25-2002 90102 028 ***158.75		
The 747 Corporation							
DO NOT WRITE IN THIS SPACE				427323			
	Pace of Business outh Congress Ave	3. Mailing Address 1732 South Co	onares	s Ave			
Suite, Apt. ≢, etc. #180		#180 Suite, Apt. #, etc.	Suite, Apt. #, etc. #180		DO NOT WRITE IN THIS SPACE		
City & State Palm Springs, Florida		City & State Palm Springs	Palm Springs, Florida		4. FEI Number 650591193	Applied For Not Applicable	
33461	^C USA ^y	33461	USA Count		Fee	.75 Additional Required	
IN THIS SPACE #180 Paym s				Name Russell E Street Address (1732 Sout #180 Palm Spri	•		
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 Signature. Typed or printed name of registered agent and tate if applicable. (NOTL: Registered Agent signature required when remastering) OATL							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.20 Bake Check Payable to Department of Stat					10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Russell E White, 1732 South Congr Palm Springs, FL	ess Ave, #180	CITY- STEE MANUE	TADDRESS ST-ZIP		CR2E0348 (12/01)	
STREET ADDRESS CITY-ST-ZIP IITLE NAME -STREET ADDRESS CITY-ST-ZIP			CITY. FEELE NAME STREET	TARRESS TARRESS TARRESS ST. 2P	DO NOT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			cay-	TADDRESS ST-209	IN THIS SPACE	E	
NAME STREET ADDRESS CITY-ST-ZIP			CITY	TADORESS ST- 8P			
NAME STREET ADDRESS CITY-ST-ZIP		obl. ALL File	CIT :		the state of the s		
13. I hereby certify that the information subplied 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 on an attachment with an address, with all other like empowered.							