2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State

Principal Place of Businoss Making Address 190 MARRSON STREET 19	1. Entity N	UMENT # P950 SORRELL ENTERPRISES, IN	00096247 ° c.		7	05-16-2002	90053 013 **		
Sulin, Apt. 6 etc. Sulin, Apt. 6 etc. Sulin, Apt. 6 etc. City & State City & State City & State City & State Country Zip Country S. Certificate of Status Desired 8. Ref Regularized Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent City FL Zip Code Not Address (P.O. Box Number is Not Acceptable) City FL Zip Code A. 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	1940 HARRISON STREET 1940 HARRISON STREET SUITE 300 SUITE 300								
City & Siste City & Siste City & Siste City & Siste Country Zip Country Since Address of Country Since Address of Country Since Address of Country Since Address of New Registered Agent To Name and Address (P.D. Box Number is Not Acceptable) Signature Agents To Name and Address of New Registered Agent To Name and	2. Principa	al Place of Business	3. Mailing Address	.					Name of
Zip Country Zip Country Signature and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Agen	Suite, Apt. #, etc.		. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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NO-INCHIS BIOLA Address of Current Registered Agent 1. Name and Address of New Registered Agent NO-INSCIENT, FRED 1940 HARRISON STREET SUITE 300 HOLLYWOOD FL 33200 City FL Zby Code City FL	Zip	Country	Zip	Country			\$8.75	Additional	븬
HOCHSZTEIN, FRED 1940 HARRISON STREET SUITE 300 HOLLYWOOD FI, 33200 City FL Zip Code City FL Zip Cod		6. Name and Address of Current	Registered Agent			7. Name and Address of New Real		ired	4
a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature. Special process of making requirement and statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Superior primed rame of registered agent, or both, in the State of Florida. PATE Superior primed rame of registered agent, or both, in the State of Florida. SIGNATURE Superior primed rame of registered agent, or both, in the State of Florida. SIGNATURE Superior primed rame of registered agent, or both, in the State of Florida. SIGNATURE Superior primed rame of registered agent, or both, in the State of Florida. DATE ATTEXAND PRIME Property of primed rame of registered agent, or both, in the State of Florida. SIGNATURE Superior primed rame of registered agent, or both, in the State of Florida. DATE ATTEXAND PRIME Property of Primed rame of Registered agent, or both, in the State of Florida. SIGNATURE Superior primed rame of registered agent, or both, in the State of Florida. DATE Superior primed rame of registered agent, or both, in the State of Florida. Signature the superior primed rame of registered agent, or both, in the State of Florida. Signature the superior primed rame of registered agent, or both, in the State of Florida. Signature the superior primed rame of registered agent, or both, in the State of Florida. Signature the superior primed rame of registered agent, or both, in the State of Florida. Signature the superior primed rame required agent and the Replacible. Signature the superior primed rame of the State of Florida. Signature the superior primed rame of Register agent and the Replacible. Signature the superior primed rame required agent and the Replacible. Signature the superior primed rame required agent and the State of Society of Socie	1940 HA	rrison street			10	**: (\$5 =	stered Agent		
SIGNATURE Signature, typed or primed rainer of implained agent and but if applicable. NOTE Registered Agent expension or required when revealability. 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) (xde	\dashv
Clarge Change Addition Change Ch	SIGNATURE 9. This corp	Signature, typed or printed name of registered agent operation is eligible to satisfy its intangible requirement and elects to do so.	and Life if applicable. (NOTE:	Registered Agent sig	graw behiupen enutang	an reinstating)	DATE		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIDECTOR

Date - 2 _______Deytime Phone (