2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

All Applies of Business All Agency Process Agenc	1. Entity Nan	MENT # P90 TERNÁTIONAL CONS				FILEU SECRETARY OF STATE TEVISION OF CORPORATION. 03 JUN -6 PM 4: 13					
Suite, Apt. #, etc. City & State	21300 SAN SI WAY P-2	IMEON	21300 S WAY P-2	21300 SAN SIMEON WAY P-2							
City & State Country Country Country Country Country Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311 City FL Zip Code 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. Lem familiar with, and the obligations of registered agent. SIGNATURE Signature, bodd or present name of registered agent agent of state in supplicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. BULL DIA DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. BULL DIA DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. BULL DIA DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. BULL DIA DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. BULL DIA DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. BULL DIA DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. BULL DIA DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. BULL DIA DIRECTORS III. BULL DIA DIRECTORS III. BULL DIA DIRECTORS III. BULL DIA DIRECTORS III. BULL DIRECTORS III. BULL DIA DIRECTORS III. BULL DIRECTO	2. Principal F	Place of Business	3. Mailing	3. Mailing Address			1				1 HEBU 1111 1881
Zip Country Zip Country s. Certificate of Status Desired S8.75 Applied 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida Desired Agent State Address (P.O. Box Number is Not Accaptable) FLE NOW: JUNES, JESSE L. State Address (P.O. Box Number is Not Accaptable) Signst Address (P.O.	Suite, Apt.	. #, etc.	Suite, i	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311 City FL Zip Code 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 the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE SIREET ADDRESS OUT-S1-2P JONES, JESSE L SIREET ADDRESS JONES, JESSE L SIREET ADDRESS JONES, MELISSA G SIREET ADDRESS GITH-S1-2P TITLE MAKE SIREET ADDRESS GITH-S1-2P Delete TITLE MAKE SIREET ADDRESS GITH-S1-2P TITLE MAKE SIRET ADDRESS	City & Star	te	City &	City & State			65-17/90945			Applied For Not Applicable	
FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip		Countr	у	5. C	Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of t	Current Registered	Agent			7. N	ame and Address of New F	legistered	<u>_</u>	
Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) City						Name				-	
City FL Zip Code 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tible if applicable. (NOTE Registered Agent agriculture required when renotating) CATE					-	Street Address	(P.O. Bo	ox Number is Not Acceptable	e)		
R. 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 the obligations of registered agent. SIGNATURE Signature, typed or juminal name of registered agent and 196 if applicable.					-						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature. Speed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent algorature required when reinstating). DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE JONES, JESSE L STREET ADDRESS CITY-ST-2P JONES, MELISSA G STREET ADDRESS CITY-ST-2P	FORT LAUDERDALE FL 33311								,		
the obligations of registered agent. SIGNATURE Signature, typed or pinted name of registered agent and title if applicable. (NOTE: Registered Agent signature reculred when reinstating) DATE						City			F	L Zip Co	de
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

04/28/03

(305) 493-3044 Davime Phone #