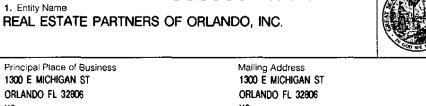
FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90029 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000024774



US STEEL SEED OF LEGISLATION OF LEGI	6	US US					
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address		T LOCATODA ING HOME BAIRS BOAIN BOAIN BOAIN ERHAD PREMI DIBAN HORAN BARAN BARA			
		Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHANGES			
				4. FEI Number 59-3373624	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6	. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent			
LAYLAND, LENNY 1300 E MICHIGAN ST ORLANDO FL 32806			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
		·	City		Zip Code		
the obligations و سمد	ed entity submits this statem of registered agent	ent for the purpose of changir	ng its registered office or re	gistered agent, or both, in the State of Florida. I a	m familiar with, and accept		
SIGNATURE	ture, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Agent signature	required when reinstating) DAT	E		

	FILE NOW!!! FEE IS \$150.00	
	After May 1, 2003 Fee will be \$550.00	
Make	Check Payable to Florida Department of State	

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAYLAND, LENNY L 5401 JESSAMINE LN ORLANDO FL 32839		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition

12. I hereby certify that the information supplied with this filling 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:

4078975400