page 1st2

Daytime Phone ≠

FILED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P9600032611 02 SEP 16 AM 11: 42 SECRETARY OF STATE TALLAHASSEE, FLGRIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 15978 N.W. 3. Mailing Address 48th AVE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 33014 Zip \$8.75 Additional Country 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ontil 08-01-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1, Fee is \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE CR2E034B (12/01 MARKE NAME .. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-ST-ZIP CITY-ST-ZIP TITLE THLE IN THIS SPACE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE HILE NÀME. NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 11 or on an attachment with an address, with all other like empowered.

rano

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

We never recioused any Too from you

payern