FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am § Secretary of State **DOCUMENT #** P96000038970 1. Entity Name SOUTHCORP ENTERPRISES, INC. 05-06-2002 90220 048 ***150.00 Principal Place of Business Mailing Address 13013 MULBERRY PARK DR 13013 MULBERRY PARK DR ORLANDO FL 32821-411 ORLANDO FL 32821-411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3389538 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, DEAN D W eet Address (P.O. Box Number is Not Acceptable) 13013 MULBERRY PARK DR 221 ORLANDO FL 32821-6411 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State ^د11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete NAME MURRAY, DEAN NAME JOIS MULBERRY PARK PR APT STREET ADDRESS 13013 MULBERRY PARK DR APT 221 STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP OPLANDS, FL. 32931-6411 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

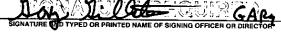
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



6:44767

4-20-02

877-7194

Daytime Phone #