2003 FOR PROFIT CORPORATION

UN	IFUK	M R	<u> 121MES</u>	S KEPU	KIL	<u> JRK)</u>					
DOCUI			079142				FILED				
LORENZO	Z PROD	UCTIONS, II	NC.			031	FILED DEC 30 AM 8:56				
Principal Place of Business 310 S DILLARD STREET 보 식당 WINTER GARDEN FL 34787				Mailing Address PO BOX 770363 WINTER GARDEN FL		SETAL	DEC 3U AND CRETARY OF STATE CATASSEE, FLORID	A <b>18</b> 11 <b>18</b> 11 <b>18</b> 11 1		ibia iisi 1981	
2. Principal Place of Business				3. Mailing Address				STATE WELL			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			IEII)	See 3	E IF MAKING	CHANGES	
City & State				City & State				3. FEI Number 59-345559	9		plied For t Applicable
Zip	Zip Country			Zip Country				5. Certificate of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Addres	s of Current Re	gistered Agent			7	'. Name and Address of New	Registered /	Agent	
DRAVES, DONNA L 120 EAST CONCORD STREET								RNZO TOR D. Box Number is Not Acceptable	742 ple)	.,,,-	
ORLANDO FL 32801					City (1)	0 S.	C 0	¥ 405 <b>F</b> L	Zip Code		
			s statement for	ne purpose of changin	ng its registere	ed office or reg	gistered	K (naud) National agent, or both, in the State of I	_	13978	and accept
the obligations of registere agent.  SIGNATURE 12/18/03											
	Signature, Noed	or printed name	of registered agent and	tle it applicable.	(NOTE: Registere	d Agent signature re	required who	en reinstating)	DATE		
	KE NOW!			<u></u>	<del></del>			9. Election Campaign	-inancing	- es n	0 May Be
			will be \$750.00 epartment of S					Trust Fund Contribut		Added	to Fees
10.		OF	FICERS AND DIF	RECTORS	11.			ADDITIONS/CHANGES TO O	FICERS AND	DIRECTORS	S IN 11
TITLE	D			☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	310 S. DI	Lorenzo Llard St. Sarden Fi	SUITE 405 34787			E ET ADDRESS - ST-ZIP		·			
TITLE				□ Delete	TITLE					- Channe	Addition
NAME STREET ADDRESS CITY-ST-ZIP				LL DOIGE	NAM Stre	1		700025 12/30/030103	8576 1014	**750.0	00
TITLE				☐ Delete	TITLE					☐ Change	Addition
NAME Street Address City-St-Zip					-	E ET ADDRESS - ST-ZIP					
TITLE NAME STREET ADDRESS	***			☐ Delete	TITLE NAM Stre					☐ Change	Addition
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE NAME				☐ Delete	TITLE - , NAM	l l				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS - ST- ZIP	_			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					,	☐ Change	☐ Addition
12. 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 trostee 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: SIGNATURE AND TYPED OF PRINCIPLE											

12/18/03 Dear Sins, Lapologize fon the delay, Luas Not Notified by my Registened asent that this was late. Thank you, · . Conenzo Tounys