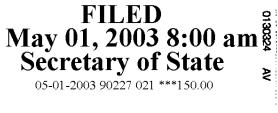
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000090322 **DOCUMENT #** 1. Entity Name



SLING EI	VIERPRISES, INC.					
Principal Place 415 PINEDA		Mailing Address 415 PINEDA CT MELBOURNE FL 32940				
2. Principal P	Place of Business	3. Mailing Address	-		# E0105 11116 11010 1101 1001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING (CHANGES	
City & Stat	e	City & State		4. FEI Number 59-3412356	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Ag		
			Name	Name		
STILLIE, I			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
	KSBILL ISLAND DRIVE					
SAIELLII	E BEACK L 32937					
			City	FL	Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am fai	niliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	4.014		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	c Payable to Florida Department of OFFICERS AND		I 11.	ADDITIONS/CHANGES TO OFFICERS AND D	VIRECTORS IN 11	
TITLE	PCEO .	Delete	TITLE		Change Addition	
NAME	STILLIE, EDWARD L		NAME			
STREET ADDRESS	711 HAWKSBILL ISLAND DR		STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BCH FL	☐ Delete	CITY-ST-ZIP		Change Addition	
TITLE NAME	-	∴ Delete	TITLE NAME	ì		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		 	
TITLE		☐ Delete	TITLE	[Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	, I	Change Addition	
NAME STREET ADDRESS			NAME CIRCET APPRICES			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	·		
TITLE		□ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		L. Delete	NAME		_ Grange Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-7IP			CITY-ST-7IP			

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 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 attac

SIGNATURE:

Daytime Phone #