2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2003 8:00 am Secretary of State

1. Entity Na		0021047		05-20-2003 90068 040 ***150.00	0
, .	ace of Business 1 COURT EAST 1126	Mailing Address 100 Mansell Court East STE. 400 ROSWELL GA 30076	т		
í .	Place of Business ansell Court East	3. Mailing Address		T ADDIROBAL ING ARRIS LOGSI DOSIN BOTIK DARIN BOKKO INGDE FIRRI BOKK TKON KOGA AN	LE1
Suite, Apt Sulte	400	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	*
City & Sta Roswe	ate 11 GA 30076	City & State		4. FEI Number 65-0827688 Applied Fo Not Applied	
Zip .	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	\square
0 T 000	DODATION OVOTEN		Name -	•	-
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.			Street Address (P.O. Box Number is Not Acceptable)		
	TON FL 33324			<u> </u>	\neg
			City .	. Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and acce	ept
SIGNATURE					
	Signature, typed or printed name of registered agent an				
	,	d title if applicable. (NOTE: R	legistered Agent signature re	equired when reinstating) OATE	
Afte	TILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00		tegistered Agent signature te	9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees	e
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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 attacharget with an address, with all other like empowered.

SIGNATURE:

KSAGMALIBE BELGE MITCHED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

04/10/03

770-998-8936

Daytima Phone #