2003 FOR PROFIT CORPORATION

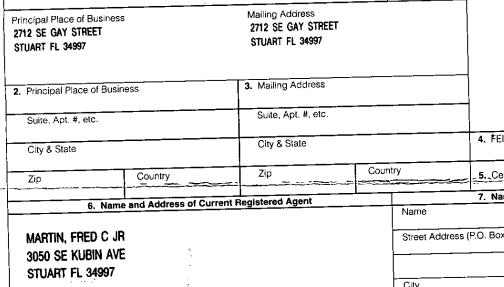
UNIFORM BUSINESS REPORT (UBR) P97000027708



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90192 038 ***150.00

DOCUMENT # 1. Entity Name K. C. LONI, INC.	P97000027708	
	National Address	



2. Principal Plac	ce of Business	3. Mailing Address		Liberian in this can save and			
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		CHECK HERE IF MAK	ING CHANGES		
City & State		City & State		4. FEI Number 65-0743521	Applied For Not Applicable		
City & State		7(0	Country		\$8.75 Additional		
Zip	Country	Zip		S. Continuation of the state of	Fee:Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Register	ed Agent		
			Name				
MARTIN, FRED C JR			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
3050 SE KI	ubin ave						
STUART FL	. 34997				Zip Code		
j.	4		City				
• The above r	named entity submits this statemen	nt for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I	am familiar with, and accept		
the obligation	ons of registered agent.						
					ATE		
SIGNATURE :_	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating)	<u> </u>		
Δfter	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.	00 at of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
Make Check	Payable to Florida Departmer	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11		
10.	D OFFICERS F	Delete	TITLE		Change Addition		
TITLE NAME	MARTIN, FRED C JR		NAME				
STREET ADDRESS	3650 SE KUBIN AVE		STREET ADDRESS				
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE		☐ Delete	TITLE	•	<u> </u>		
NAME			NAME STREET ADDRESS				
STREET ADDRESS		-	CITY-SI-ZIP	<u> </u>			
CITY-ST-ZIP		□ Delete	TITLE		☐ Change ☐ Additio		
TITLE NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		Change Addition		
TITLE		☐ Delete	TITLE				
NAME			NAME . Street Address				
STREET ADDRESS			CITY-ST-ZIP				
CITY-ST-ZIP		Delete	TITLE		☐ Change ☐ Addition		
TITLE			NAME				
NAME STREET ADDRESS	•		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ Additi		
TITLE		☐ Delete	TITLE				
NAME			NAME STREET ADDRESS				
STREET ADDRESS			CITY-ST-7IP				
CITY-ST-ZIP	l			in Section 119.07(3)(i), Florida Statutes. I furt e the same legal effect as if made under oath;	her certify that the information		

I nereby 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 caccurate 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 further samp owered 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: