2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P97000040735 **DOCUMENT #** 1. Entity Name 05-01-2003 90404 003 ***150.00 THE GRAND BOHEMIAN, INC. Principal Place of Business Mailing Address 7380 SAND LAKE RD 7380 SAND LAKE RD STE 120 **STE 120** ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. -CHECK-HERE IF MAKING CHANGES ---City & State City & State 4. FEI Number Applied For 59-3445025 Not Applicable Zip Country Country Zip \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. - Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE ☐ Delete ☐ Change KESSLER, RICHARD C NAME NAME 7380 SAND LAKE RD -STE 120 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CiTY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE D'ANTZLER, DAY B NAME NAME 7380 SAND LAKE RD STE 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Change ☐ Addition TITLE AS ☐ Delete FOLTZ, JOSEPH B NAME NAME **5 PIEDMONT CENTER STE 750** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30305 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 Delete Addition TITLE Change TITLE

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

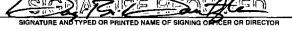
CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP



4-29-03

FILED

Daytime Phone #