FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098763

1. Entity Name

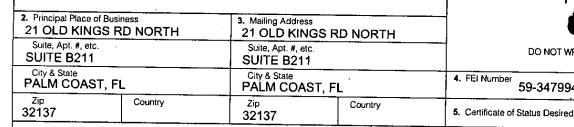
JJB INTERNATIONAL, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90130 002 ***150.00

DO NOT WRITE IN THIS SPACE



20005378

DO NOT WRITE IN THIS SPACE

| Applied For | Not Applicable

\$8.75 Additional

(120

CR2E034B

Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent			
Name ELLISON, WILLIAM W.			
Street Address (P.O. Box Number is Not Acceptable)			
2 MADEIRA COURT			
City PALM COAST,	L	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 title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE ELLISON, WILLIAM W. (DIRECTOR) NAME NAME 2 MADEIRA COURT STREET ADDRESS STREET ADDRESS PALM COAST, FL 32137 CITY-ST-ZIP CITY-ST-ZIP TIT! F TITEE MANHEIMER, JOHN J. (DIRECTOR) NAME NAME **#3 AVENUE MONET** STREET ADDRESS STREET ADDRESS PALM COAST, FL 32137 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE CASTELLANO, MICHAEL (DIRECTOR) NAME NAME 103 PARK LANE STREET ADDRESS STREET ADDRESS WEST HARRISON, NY 10604 DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIF TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplies with this filling 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 acceptate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/03

386 447.8210

Daytime Phone #