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SECRETARY OF STATE

| UNIFORM BUS | iness rei | PORT (UBR) |
|-----------------------|-----------|------------|
| DOCUMENT # P97000 | 0100533 | |
| Key West Awards, Inc. | 7404200 | 0/6/26 |

| 1403000 11 (0) | | | | | | TALLAHASSEE, FLORIUA | | | | |
|---|--|---------------------------------------|--------------------|--|----------------------------|----------------------------------|------------------|---------------------------|----------|--|
| * | DO NOT WRITE | IN THIS | SPAC | E | | · · · | | | | |
| | Place of Business ing Street | 3. Mailing Address 909 Fleming Street | | - · | | | | ٠. | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & Stat Key Wes t | | City & State Kev West, FL | | 4. FEI | 4. FEI Number 650796190 | | | or cable | | |
| Zip 33240 | Country USA | Zip 33040 | | | 5. Cer | tificate of Status Desired | | 75 Additional Required | , | |
| 4 | | | | | 7. Name | and Address of Current R | egistered Age | int | | |
| Name William | | | am L. Mi | m L. Milza, Jr. | | | | | | |
| أخرطها أدرانها والمتحد أديما لمستعبأ وأنحفه مستعبه فعره ويوسأته للمستقد لجنعاد الداران والمهور والفرياأت الدورا أتو | | | (P.O. Box | (P.O. Box Number is Not Acceptable) | | | | | | |
| | IN THIS SPACE 909 Fleming | | | ng Stree | t ! | | | | | |
| | | City Key We | | est, | | FL 3 | Zip Code 3040 | | | |
| | named entity submits this statement for tions of registered agent. | the purpose of chang | ging its registere | | | , or both, in the State of Flori | da. I am familia | ar with, and acc | cept | |
| _ | J V | | William I. I | ک کرر,Milza | | 3 | 5/14/200 | าว | - | |
| SIGNATURE | Signature, typed or printed name of registered agent are | nd title if applicable. | | 1 Agent signature requi | | (1) (1) | DATE | | - | |
| Jai | nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 | | | | | 9. Election Campaign Final | ncing | \$5.00 May | Be | |
| Make Check | Amended UBR is \$61.25 Payable to Florida Department of | State | | | | Trust Fund Contribution. | | Added to Fee | s | |
| 10. | OFFICERS AND D | | | | | 4 | : | ¥ | | |
| TITLE | PD | | | 1 1 1 | | _1000205 | 3267 | | - 2 | |
| NAME Street Address | Gladys E Milza | | NAME CTDCS | ET ADDRESS | [| 16/04/0301:053 | nn() | #150.00 | . | |
| CITY-ST-ZIP | 909 Fleming Street, Key We | est, FL 33040 | | ST-ZIP | | 100020 | 75-26 | | | |
| TITLE | VSD | | TITLE | | . : | 06/16/03;;010 | 127008 | **450 | ากก รี | |
| name Street address | William L Milza | | . NAME | ET ADDRESS | | | | 1 | , 77 | |
| CITY-ST-ZIP | 909 Fleming Street, Key We | est, FL 33040 | | ST-ZIP | | | | 1 | | |
| TITLE | TD | | TITLE | 1 . | | | | | <u> </u> | |
| NAME STREET ADDRESS | Jennifer E Milza | | NAME STREE | T ADDRESS ; | | | | <u> </u> | | |
| CITY-ST-ZIP | 909 Fleming Street, Key We | est, FL 33040 | 1 1 | ST-ZIP | | DO NOT | NRITE | | | |
| TITLE | | | TITLE | ' i | همي د جوري م | IN THIS S | PACE | | | |
| _NAME STREET ADDRESS | | | NAME STREE | T ADDRESS | | | | | - | |
| CITY-ST-ZIP | | | | ST-ZIP | · · | | | | | |
| title Name | | | TITLE Name | - N N | | | i i | | | |
| STREET ADDRESS | 00 12 | | | T ADDRESS | | 1 | * | | ; | |
| CITY-ST-ZIP | 00-00 | | | ST-ZiP | | 9 1. | | | | |
| TITLE NAME | | | TITLE | The second secon | | | , | , | | |
| STREET ADDRESS | • | | | T ADDRESS | • | 3 , 7 2 1 . | . "I | , ' | * | |

12. I hereby certify that the information supplied 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 of 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other my empowered.

Gladys E Milza ING OFFICER OR DIRECTOR

5/14/2003

305 295-6300

Daytime Phone #

KEY WEST AWARDS, INC.

909 Fleming Street Key West, FL 33040 Phone 305/295-6300

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement

Dear Sir or Madam:

As per automated instruction received by calling (850) 245-6059, I am enclosing a completed Uniform Business Report along with a check for the appropriate fees necessary to the reinstatement of the Corporation entitled: Key West Awards, Inc.

I am also requesting a waiver of the usual reinstatement fees, as per automated instruction, and affirm that previous mailings of the Uniform Business Report have not been received.

Should you require additional information or have questions with regard to this request, please contact the undersigned at your convenience.

Sincerely,

Key West Awards, Inc.

Gladys E. Milza

President

Enclosure CC: File