

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017130

1. Entity Name

NOBLES & NEWMAN INVESTMENT CORP.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90038 040 ***150.00

427411

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------|---|----------------|
| 2. Principal Place of Business 50 NORTH LAURA ST | | 3. Mailing Address 50 NORTH LAURA ST | |
| Suite, Apt. #, etc. STE 2725 | | Suite, Apt. #, etc. STE 2725 | |
| City & State JACKSONVILLE, FL | | City & State JACKSONVILLE, FL | |
| Zip 32202 | Country USA | Zip 32202 | Country USA |
| <p>DO NOT WRITE IN THIS SPACE</p> | | | |
| <p>4. FEI Number 59-3505964</p> | | | |
| <p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p> | | | |
| <p>6. Name and Address of Current Registered Agent Name NOBLES, HINTON F. JR. Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA ST STE 2725 City JACKSONVILLE</p> | | | |
| <p>FL Zip Code 32202</p> | | | |

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

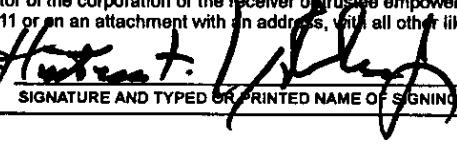
(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|---|--|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|---|

| 11. OFFICERS AND DIRECTORS | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR NOBLES, HINTON F. JR. 50 N LAURA ST-STE 2725 JACKSONVILLE, FL 32202 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| <p>DO NOT WRITE IN THIS SPACE</p> | | | |

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE  HINTON F NOBLES, JR 3/1/02 212-708-9113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #