FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2002 8:00 am Secretary of State

04-21-2002 90859 004 ***150.00

| | P 980000 | 13×008 |
|----------------|----------|--------|
| 1. Entity Name | <i>6</i> | |
| IAN-X | 1-TiPS, | INCY |

| DO | NOT | WRITE | IN | THIS | SPACE |
|----|-----|-------|----|------|-------|
| | | | | | |

| . Principal Place of Business | 3. Mailing Address |
|-------------------------------|---------------------|
| 2454 WATERSIDE CA | RCIE SAME ADDRESS |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | |

DO NOT WRITE IN THIS SPACE

| City & State LAKE W | DRTH FL | City & State | | 4. FEI Number 65-0828704 | Applied For Not Applicable |
|--|----------------|--------------|---------|--------------------------|--------------------------------|
| 33461 | Country USA | Zip | Country | | \$8.75 Additional Fee Required |
| -7. Name and Address of Current Registered Agent | | | | | |

DO NOT WRITE IN THIS SPACE

| | ; | · F | ee Requirea |
|-----------|----------------------------------|------------------------|-------------|
| · — | 7. Name and Address o | f Current Registered / | Agent |
| Name | CYNTHIA 6 | ミルシケ | |
| Street Ac | Idress (P.O. Box Number is Not A | cceptable) | JE |
| | | | |
| City / | AV- WORTH | FI | 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.

| 9. This corporation is eligible to satisfy its Intangible | Γ |
|---|---|
| Tax filing requirement and elects to do so. | l |

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
a Check Payable to Department of St

(NOTE: Registered Agent signature required when reinstating)

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE PRESIDENT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. JHTLE . . NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: X SIGNATURE PO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2002 561-8/8-149