FILED May 23, 2001 8:00 am Secretary of State 05 23-2001 90463 013 ***150.00

| 2001 | UNIFORM | BUSINESS | REPORT | ۲ (۱ | JĒR |
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| 1. Entity Name | | | | | 05-23-2001 90463 013 ***150 | | | | | |
|--|--|---------------------------------------|---------------|-----------------------------------|-----------------------------|-------------------------------|-----------------------------------|-------------|-----------|-----------------------|
| Your Busin | ess Matters II, Inc. | | | | | | | | | |
| Principal Place of Business Mailing Address 9211 Brady Street 9211 Brady Street Spring Hill, FL 3460 | | | | 4714 | | | | | | |
| Spring Hill 34608-471 | | , 3 ,, . = | | | | | 7 (| 889 | 40 | |
| 2. Principal F | Principal Place of Business 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | - | | | DC | NOT WRITE IN | THIS SF | PACE | |
| City & State | | City & State | | | 4. FEI Number 59-3524196 | | | Applied For | | |
| Zip | Country | Zip | Co | ountry | | 5. Certificate of Si | atus Desired | \$8.75 | Add | Applicable itional |
| | 6. Name and Address of Curren | t Registered Agent | | 1 | 7. | Name and Addre | ss of New Regis | Fee Re | | |
| Tracy, Jo A 9211 Brady Spring Hill, | | | | Martin, Street Add | | (Name cha | | | . , | |
| | | | | City | | | <u> </u> | FL | Zip Code | B |
| 3. The above | named entity submits this stateme | ent for the purpose of cha | nging its | registered | office or | registered agent, or | both, in the Stat | e of Flori | da. | |
| IGNATURE | Simple to the state of the stat | | | | | · | | | | |
| This same | Signature, typed or printed name of re ration is eligible to satisfy its Intan- | | - | ***************** | | gent signature require | | | \$5. | |
| | ling requirement and elects to do | B000000000000000000000000000000000000 | 2001 Fee | | 50.00 | Trust Fund | impaign Financir Contribution. | | | d to Fees |
| 1 | OFFICERS ANI | | 1 2. | | | ONS/CHANGES T | | | | N 11 |
| TLE AME | Tracy, Jo Ann | Delet | TITE 9 | | D, P, Martir | S/I 1, Jo Ann | X | Change | · [_ | Addition |
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| information | tify that the information supplied w indicated on this report or suppler cer or director of the corporation o | nental report is true and a | accurate | and that my | / signatui | re shall have the sa | me legal effect a | s if made | under o | ath; that |
| name appe | ars in Block 11 or Block 12 if change | ged, or on an attachment | with an a | address, wit | h all othe | er like empowered. | p.o. 001,110 | .au Viall | and | alai my |
| IGNATI | JRE: SIGNATURE AND TYPE | O O PRINTED MALE | | Ann Mart | | . | 4/25/2001 | | 352) 68 | |
| | SIGNATURE AND TYPE | O OR PRINTED NAME OF | NUMBER | JEFICER OR | DIRECTO | R | Date | D | aytime Ph | none# |