FILED Apr 14, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098573 1. Entity Name ARTIFACTS INTERNATIONAL, INC.				Secretary of State 04-14-2003 90030 031 ***150.00			
Principal Place of Business 1000 N. RIVERSIDE DR. INDIALANTIC FL 32903 Mailing Address 1000 N. RIVERSIDE DR. INDIALANTIC FL 32903							
Principal Place of Business A Mailing Address		-					
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State City & State		9		59-3199684		pplied For lot Applicable	
Country		Country	5 . C	5. Certificate of Status Desired S8.75 Additional Fee Required			
Address of Current Register	ed Agent		7. N	ame and Address of New Registe	red Agent		
			Name '				
CHARROUX, DAVID 1000 N. RIVERSIDE DR.			Street Address (P.O. Box Number is Not Acceptable)				
s in the second							
			FL 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 senistered apent and title if applicable. NOTE: Senistered Apent signature required when rejectation.)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						00 May Be	
OFFICERS AND DIRECTO	DRS	11.	———ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
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	ATIONAL, INC. Mailin 1000 INDI 3. Ma Sui City Zip Address of Current Register d agent. Inted name of registered agent and title if ap EEE IS \$150.00 Fee will be \$550.00 orida Department of State OFFICERS AND DIRECTO DAVID RSIDE DR FL 32903	Mailing Address 1000 N. RIVERSIDE DR. INDIALANTIC FL 32903 3. Mailing Address Suite, Apt. #, etc. City & State Country— Zip— DAddress of Current Registered Agent Daylits this statement for the purpose of changing its red agent. The daname of registered agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of changing its red agent and title if applicable. (NOTE: Red agent) The purpose of cha	Mailing Address 1000 N. RIVERSIDE DR. INDIALANTIC FL 32903 3. Mailing Address Suite, Apt. #, etc. City & State City & State Surer Address Surer Address City bmits this statement for the purpose of changing its registered office or regist a gent. Address of Current Registered Agent Name Street Address City City Delete S150.00 Fee will be \$550.00 Fee w	Mailing Address 1000 N. RIVERSIDE DR. INDIALANTIC FL 32903 3. Mailing Address Suite, Apt. #, etc. City & State 4. F Country Zip — Country 5. C City & State 7. N Name Street Address (P.O. Bd City Defete TILE NAME STREET ADDRESS CITY-ST-Zip Delete TILE NAME STREET ADDRESS CITY-ST-Zip TILE NAME STREET ADDRESS CITY-ST-Zip Delete TILE NAME STREET ADDRESS CITY-ST-Zip CITY-ST-Zip Delete	Address 1000 N. RNERSIDE DR. INDIALANTIC FL 32003 3. Mailing Address Suite, Apt. N. stc. Check Here if MA City & State 4. FEI Number 59-3199684 Country 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Address of Current Registered Agent Name Street Address of New Register Name Street Address of PO. Box Number is Not Acceptable) Defice will be \$550.00 11. ADDITIONS/CHANGES TO OFFICERS DAVID STREET ADDRESS OTT-S1-2P Check TITLE NAME STREET ADDRESS OTT-S1-2P Check TITLE	Address of Current Registered Agent City & Sisto City & Sisto	

indicated on this report or supplemental report of the corporation or the receiver of the supplemental report changed, or on an attachment with address, where the supplemental report of the corporation or the receiver of the supplemental report of the corporation or the receiver of the corporation the and accurate and that my signature shall have the same legal effect as if made under oath; that i am an officer or director lead to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Biopk 10 or Block 11 if other like empowered.

SIGNATURE:

CR2E034 (10/02)