

P98000104930

WILLIAM R. SMITH

ATTORNEYS AND COUNSELORS AT LAW

JAMES LARRY NICHOLS

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November 14, 2001

8191 COLLEGE PARKWAY  
SUITE 204  
FORT MYERS, FLORIDA 33919

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

600004685096--6  
-11/16/01--01050--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

NAME OF CORPORATION: FISHING VENTURES, INC.  
CHARTER NUMBER: P98000104930  
DATE OF INCORPORATION: 12/17/98

Please file the enclosed Statement of Change of Registered Agent and provide me with a file stamped copy. Enclosed is a check in the amount of \$35.00 to cover the cost. Thank you.

*William R. Smith*

WILLIAM R. SMITH

WRS/wlm

Enclosure - Check for \$35.00

FILED  
01 NOV 16 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Change*

T BROWN NOV 26 2001

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

FILED  
01 NOV 16 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

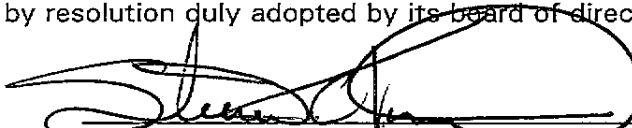
Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

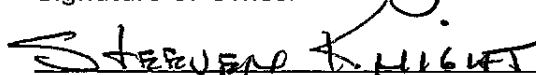
1. The name of the corporation is Fishing Ventures, Inc.
- 1a. Date of incorporation: December 17, 1998 Document number P98000104930
2. The name and address of the present registered agent and office:  
**Carol-Anne J. Allison, 5111 Ocean Blvd., Suite C, Sarasota, FL 34242**
3. The name and address of the successor registered agent and office:  
(P. O. BOX NOT ACCEPTABLE)

**William R. Smith, 8191 College Parkway, Suite 204, Fort Myers, FL 33919**

The address of its registered agent and the address of the business office of its registered agent, as changed, will be identical.


Such change was authorized by resolution duly adopted by its board of directors.

  
Signature of Officer

  
Name and Capacity of Person Signing  
Application

DATE 10/31/01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE   
William R. Smith, Registered Agent

FILING FEE: \$35.00  
DATE 11/14/01

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314