2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900002168 1. Entity Name JWS MANAGEMENT, INC.									FILE	Z D			
								Apr 25, 2001 08:00 AM Secretary of State					
Principal Place 8529 SOUTHPA SUITE 210 ORLANDO 32819		S FL	8 8	Mailing Address 8529 SOUTHPARK CIRCLE SUITE 210 ORLANDO 82819		FL							
2. Principal Place of Business 3851 N. TANNER RD.				Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT W	RITE IN THIS	S SPACE	–	
City & State		FL		City & State		FL		4. FEI Number 59-355432				Applied For	1
Zip		Country	T.	Zip	Coun	itry	1	5. Certificate of	······································		\$8.75 A		1
32826	6. Name	and Address of Curren		stered Agent				7. Name and A			Fee Requi	red	
SMITH JOHN W 8529 SOUTHPARK CIRCLE SUITE 210 ORLANDO FL 32819							JO	HN W). Box Number i		ole)		de	
						ORLANI			 	F I	32826	ue	
9. This corporate flags filling re	Signature, typed	or printed name of registered ager ible to satisfy its Intangib and elects to do so.	nt and titi	e if applicable. (NOTE: FILE NOW!! After MAY 1, 200 Make Check Payabl	Registere	d Agent signat. IS \$150.1 Will be \$5	ure required who	en reinstating)	ion Campaign F	04/2	\$5.	00 May Be	_
11.		OFFICERS ANI	DIRE	ECTORS	12.			ADDITIONS/CI	HANGES TO O	FFICERS AN	D DIRECTO	RS IN 11	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH 8529 SOU ORLAND	JOHN W THPARK CIRCLE #210 O		☐ Delete			D SMITH	JOHN FANNER RD.	w	FL			34 (11/
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete ¸		-					☐ Change	Addition	CR2E0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete	CITY	e et address -st-zip					☐ Change	Addition	
of the cor changed,	poration or the or on an atta	t or supplemental report ne receiver or trustee empachment with an address	is true Sower	filing does not qualify for and accurate and that med to execute this report a all other like empowered.	v einna	THE COOL D	gua tha cor	na jagal ottoot e	a if made and			an an dinastan	
SIGNAT	URE: _	John W. Smith SIGNATURE AND TYPED OR	PRINTE	D NAME OF SIGNING OFFICER O	R DIRECT	TOR		D	04/25/2001 Date		Daytime Phone #	<u> </u>	-