

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90007 012 ***563.75

DO NOT WRITE IN THIS SPACE

DOCUMENT #		P99000032804		Sep 21, 2001 8:00 am	
1. Entity Name		THE AWESOME GROUP, INC.		Secretary of State	
				09-21-2001 90007 012 ***563.75	
Principal Place of Business		Mailing Address			
1703 ACME STREET ORLANDO FL 32805		1314 BELGRADE AVENUE 2ND FLOOR ORLANDO FL 32803			
2. Principal Place of Business		3. Mailing Address			
3418 N ORANGE BLOSSOM TR		1314 BELGRADE AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
TTR		SECOND FLOOR			
City & State		City & State		4. FEI Number	
ORLANDO, FL		ORLANDO, FL		59-3569162	
Zip		Zip		5. Certificate of Status Desired	
32805		32803		[X] \$8.75 Additional Fee Required	
Country		Country		Applied For	
USA		USA		Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ROSE, ANGELA M 2820 NELA AVENUE ORLANDO FL 32809		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		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.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		VPST		TITLE	
NAME		BAILEY, ALBERT L III		NAME	
STREET ADDRESS		1314 BELGRADE AVENUE		STREET ADDRESS	
CITY-ST-ZIP		ORLANDO FL 32803		CITY-ST-ZIP	
TITLE		PCEO		TITLE	
NAME		WING-BAILEY, MICHELLE L		NAME	
STREET ADDRESS		1314 BELGRADE AVENUE		STREET ADDRESS	
CITY-ST-ZIP		ORLANDO FL 32803		CITY-ST-ZIP	
TITLE		VD		TITLE	
NAME		GRIEB, CHRISTOPHER M		NAME	
STREET ADDRESS		1703 WEST ACME STREET		STREET ADDRESS	
CITY-ST-ZIP		ORLANDO FL 32805		CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Albert L. Bailey III 9/19/01 (407) 649-			

CB2F034 (5/01)