

DOCUMENT # P99000044165

1. Entity Name

ABC FUN JUMP, INC.

03-15-2000 90130 048 ***150.00

Principal Place of Business	Mailing Address
4416 BATTLECREEK CT. E. JACKSONVILLE FL 32258	4416 BATTLECREEK CT. E. JACKSONVILLE FL 32258-1308
(no changes)	

2. Principal Place of Business		3. Mailing Address	
JACKSONVILLE, FL. Suite, Apt. #, etc. N/A		4416 Battle Creek Pt. E. Suite, Apt. #, etc. N/A	
City & State		City & State	
JACKSONVILLE, FL.		JACKSONVILLE, FL.	
Zip	Country	Zip	Country
32258	USA	32258	USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
BULLEN, ROBERT A 4416 BATTLECREEK CT. E. JACKSONVILLE FL 32258	Name <i>Robert A. Bullen</i>	
	Street Address (P.O. Box Number is Not Acceptable)	
	<i>4416 Battle Creek Ct. E.</i>	
	City <i>JACKSONVILLE</i>	Zip Code <i>FL 32258</i>

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 Robert A. Bullock 3-12-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution.</p>	<p><input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P ROBERT A. BOLLN 4416 BATTLECREEK CT. E. JACKSONVILLE, FL. 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition V PRESTON A. BOLLN 4416 BATTLECREEK CT. E. JACKSONVILLE, FL. 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T. LAURIE H. BOLLN 4416 BATTLECREEK CT. E. JACKSONVILLE, FL. 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert A. Bullock 3-12-00 (604) 251-4000 25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)