


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 19 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044908	
1. Entity Name PROFESIONAL MODIFICATION SERVICES, INC.	

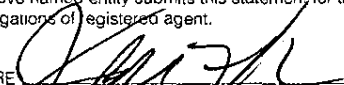
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2665 SOUTH BAYSHORE DR. Suite, Apt. #, etc. SUITE # 800 City & State MIAMI, FL 33133 Zip 33133 Country U.S.A.	3. Mailing Address 2665 SOUTH BAYSHORE DR. Suite, Apt. #, etc. SUITE # 800 City & State MIAMI, FL Zip 33133 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 650961840	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name DAVID GERSHMAN Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DR., SUITE # 800 City MIAMI FL Zip Code 33133	

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.

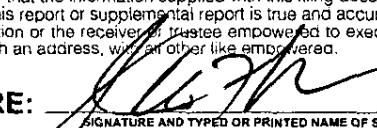
SIGNATURE  **JIM MARTIN** DATE **11/06/03**

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25. Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUFFNER, MARILYN D. 2665 SOUTH BAYSHORE DR., SUITE 800 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700024855827 11/19/03--U1041--011 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDOWELL, DEREK A. 2665 SOUTH BAYSHORE DR., SUITE 800 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, JAMES 5300 NW 36 STREET, BLDG 850 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, PRESTON ONE PLAZA PNC, 249 5th AVE., 8th Floor PITTSBURGH, PA 15222	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISIUS, MICHAEL 1919 PENNSYLVANIA AVE. NW. WASHINGTON, DC 20006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALONE, JAMES R. 5300 NW 36 STREET, BLDG 850 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with an other like empowered.

SIGNATURE:  **JIM MARTIN** DATE **11/06/03** DAYTIME PHONE # **786-265-4251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)