2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# P99000056737

Entity Name: UBFLA PROCESSING CORPORATION

Current Principal Place of Business:

1580 SAWGRASS CORPORATE PKWY
STE 310
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORPORATE PKWY
STE 310
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-0942877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WINES, LYNNE
Address: 1801 N. PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33322

Title: V ( ) Delete
Name: KELLEY, WILLIAM
Address: 1801 N PINE ISLAND RD
City-St-Zip: PLANTATION, FL 33322

Title: S ( ) Delete
Name: POLLARD, CARLA
Address: 1801 N. PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WINES, LYNNE
Address: 1580 SAWGRASS CORPORATE PKWY STE 310
City-St-Zip: SUNIRSE, FL 33323

Title: V (X) Change ( ) Addition
Name: KELLEY, WILLIAM
Address: 1580 SAWGRASS CORPORATE PKWY STE 310
City-St-Zip: SUNRISE, FL 33323

Title: S (X) Change ( ) Addition
Name: POLLARD, CARLA
Address: 1580 SAWGRASS CORPORATE PKWY STE 310
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE WINES D 04/02/2004

Electronic Signature of Signing Officer or Director — Date