FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State

CIAILOKIM BOSINESS KELOKI	(UBK)	Seci etai y	
DOCUMENT # P99000062809 1. Entity Name		05-16-2002 9005	0 046 ***158.75
X Copia Com Inc.			
DO NOT WRITE IN THIS SI	PACE		
Principal Place of Business 3. Mailing Address	and the second		
2. Principal Place of Business 9838-160 Old Baymerdows Rd 8550 Glen by Suite, Apt. #, etc. Suite, Apt. #, etc.	my Court Nort	. DO NOT WRITE IN THIS	SPACE
Jack Sonville, FL Jack sonville	, FL	4. FEI Number 593588072	Applied For Not Applicable
32256 USA 32256	Country USA	5. Certificate of Status Desired .	\$8.75 Additional Fee Required
make a transfer of the second		7Name and Address of Current Registered	
DO NOT WRITE IN THIS SPACE	120	My Luckett P.O. Box Number is Not Acceptable) Sien bury Court Nor	fh
	City Jack	-Sonuille FL	Zip Code 32256
8. The above named entity submits the statement for the purpose of changing its r	ett	4/30/20	
	Registered Agent signature required By 1 Fee is \$150.00	when reinstating) DATE	
Tax filing requirement and elects to do so. (See criteria on back) After May 1 Amended Make Check Payable	l, Fee is \$550.00 UBR is \$61.25 e to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11: OFFICERS AND DIRECTORS	TIRE -		
NAME Torry Lickett	NAME		- - - - - - - - - - - - - - - - - - -
STREET ADDRESS CITY-ST-ZIP Sac Ksonville, FL 3236	STREET ADDRESS CITY-ST-ZIP		4B (
TITLE VIES DEAT	TITLE		ZE03
NAME Randall Higgin bothom STREET ADDRESS 8747 Souths: Le Blvd #4808	NAME STREET ADDRESS		5
CITY-ST-ZIP Jacksonville, FL 32256	CITY-ST-ZIP	.e 	
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13. Thereby 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 on an SIGNATURE: SIGNATURE: 4/30/2002 904-333-2674			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR	DIRECTOR	Dino.	