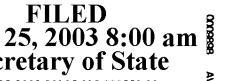
2003 FOR PROFIT CORPORATION



08-25-2003 90105 018 ***550.00



BE UNLIN	NE DESIGN, INC.		V						
Principal Place of Business 1047 KERSFIELD CIR. HEATHROW FL 32746		Mailing Address 1047 KERSFIELD CIR. HEATHROW FL 32746			-		- 	- ~ ~ ~ 	•
									#\$
2. Principal F	Place of Business	3. Mailing Address 11 ARANNER WAND ST			- 		6111 54 111 1 48 11	I Bilar Habi i	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	NORMAN OH		4. FEI Number 59-3595066			Applied For Not Applicable	
Zip	Country	73071	Coun	try	5. Certificate of		<u></u>	8.75 Add	litional d
	_6. Name and Address of Current	Registered Agent		Name	7. Name and Ad	Idress of New Reg	istered Ag	ent	
	R, THOMAS J				(P.O. Box Number is Not Acceptable)				
	sfield Cir. W FL 32746								
REATHRO	₩ FL 32/40			City			FL.	Zip Code	Э
	named entity submits this statement for tions of registered agent.	or the purpose of changin	g its register	I ed office or registe	red agent, or both,	n the State of Floric		l niliar with,	and accept
SIGNATURE	Total No	majo 1	homas	J Spl	INGER				
	Signature, typed or printed name of registers agent	and the if applicable.	(NOTE: Registere	d Agent signatur require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						on Campaign Finar Fund Contribution.	ncing	\$5.0 Added	0 May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH	IANGES TO OFFIC	ERS AND D	DIRECTORS	3 IN 11
TITLE NAME	P SPRINGER, THOMAS J	☐ Delete	TITLE	- 1			[Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1047 KERSFIELD CIR. HEATHROW FL 32746			ET ADDRESS - ST-ZIP					
TITLE	V	☐ Delete	TITLE]	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SPRINGER, RHONDA H 1047 KERSFIELD CIR. HEATHROW FL 32746			E ET ADDRESS - ST-ZIP					
TITLE	TIENTINOTY I E UZI 40	☐ Delete	TITLE				<u> </u>	Chạnge	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRES\$ - ST-ZIP					
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NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
TITLE		Delete	TITLE	-ST-ZIP	<u></u> .	·		Change	Addition
NAME		FTT Delete	NAMI	ſ			L	Ondage	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: