FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P990000 83763				05-13-2002 90152 010 ***150.00		
 1. Entity Nam 	ne		_			
VENTU	IRA PRODUCT	IONS, INC	, <u> </u>			
			·	_		
_				·		
	DO NOT WRITE	IN THIS SP	PACE			
2 Principal Pl	lace of Business	3. Mailing Address		_		
7/5 BLOOM STREET 7/5 BLOOM STREET						
Suite, Apt. #, etc. APT. # 220 Suite, Apt. #, etc. APT. # 220				DO NOT WRITE IN THIS SPACE		
City & State City & State				4. FEI Number Applied For		
Zip	BRATION,FL Country	CELERRATION Zip	Country	59-3615755	Not Applicable	
347	47 45A	34747	<u>usa</u>		8.75 Additional se Required	
		-	Name	7. Name and Address of Current Registered A	lgent	
DO NOT WRITE				URENCE H. HABE	DRENCE H. HABER	
•	IN THIS SE		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	IIV ITIIO OF	ACE				
			CityCELE	FL STATION FL	Zip Code マイクイク	
8. The above r	named entity submits this statement for	r the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Florida.		
SIGNATURE _	Land	L				
	Signature, typed or printed name of registered agent		Registered Agent signature require	-		
	ration is eligible to satisfy its Intangible equirement and elects to do so.	After May 1	Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be	
(See criteria		Amended	UBR is \$61,251	Trust Fund Contribution.	Added to Fees	
11.	OFFICERS AND		The second secon			
TITLE NAME	D, P DAN YOUNG		TITLE NAME			
STREET ADDRESS	PAN YOUNG 715 BLOOM ST., CELEBRATION,	APT, # 220	STREET ADDRESS			
CITY-ST-ZIP TITLE	CELEBRATION	<u> 24747 </u>	CITY-ST-ZIP			
NAME			TITLE NAME			
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of the corpo	ertify that the information supplied with in this report or supplemental report is oration or the receiver or trustee empt with an address, with all other like em	wered to execute this report a	signature snall nave the is required by Chapter 6	ection 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under oath; that I am a 07, Florida Statutes; and that my name appears in	that the information an officer or director Block 11 or on an	
attaciment	with an accircas, with an other line en	powered.	AN YOUN	G		
SIGNATU	JRE: SIGNATURE AND TYPED OR DE	INTED NAME OF SIGNING OFFICER OR	RES/OE/V			
	SIGNOSTONE AND TIPED UK PI	OF SIGNING OFFICER OR	DIRECTOR	Date Daytin	ne Phone #	