2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000089366 1. Entity Name IZY CORPORATION Principal Place of Business Mailing Address 7855 NW 12TH ST., #203 7855 NW 12TH ST., #203 MIAM! FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED May 04, 2001 8:00 am Secretary of State

05-04-2001 90140 021 ***150.00

00061078



DO NOT WRITE IN THIS SPACE

Country Zip Country Zip Country S. Certificate of Status Desired \$8,75 Additional Fee Requisional Fee	City & State		City & State		4. FEI Number 65-0958908					pplied For lot Applicable	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Country	try \$8.75 Additional							
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	-	6: Name and Address of Current B	egistered Agent		7. Nam	e and Ad	dress of New	Registere	d Agent		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordace. SIGNATURE S			ogiotorou rigant	Name					- · · · · · · · · · · · · · · · · · · ·		
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. SIGNATURE Synamum, inject or printed name of registered agent, or both, in the State of Florida.		•	Street Address	Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE		· ·									
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CIT				City				F	L Zip Coo	de	
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Tax filing requirement and elects to do so: (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Add	SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature require	ed when reinstat	ting)		DATE	· · · · · · · · · · · · · · · · · · ·		
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.	indicatéd of the cor	on this report or supplemental report is to poration or the receiver or trustee empow	rue and accurate and that my rered to execute this report a	y signature shall have the	same lega	l effect as	if made unde	er oath; that	t am an officer	r or director	

SIGNATURE: Zwelka H Small
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01