2000 UNIFORM	BUSINESS REPO	RT (UBR)		1082
DOCUMENT # $\rho \overline{q}$	9000094001		, s	
•	Nevelopmen	it Group	FILED DEURETARYOF STATE	
tincipal Place of Business BDO3 (SRN1014a)	SH 2800 E. C	ommercia	T. TELEVISION OF COMMUNICATION	ή·
lt. CAUdorde	ele ste los	, , , , , , ,	Al 33318	
Principal Place of Business 3003 (-RAIVAda	3. Atailing Address. Suite, Apt. #, etc.	mmercial	DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.	Stitle, Apt. #, etc.	8		pplied For
The Country Country	e St. Laua	Country Country	5 Contiliants of Status Decired 3 \$8.75 Ac	
33304	of Current Registered Agent		7. Name and Address of New Registered Agent	ed
Allen H. Katz	nercial BIVD &	Ste Name / O	M. Kate 190 Ber Number is Not Acceptable Clay 13	duo
St. Unuderda	le, \$1 33308	City	Auctordala FL Ziggi	30
. The above named entity submits this s	statement for the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida.	
IGNATURE Symature, typed or printed name of re	registered agent and title if applicable (NOT	TE: Registered Agent signature require	S-28-70 ad when reinstating) DATE	
This corporation is eligible to satisfy it Tax filing requirement and elects to do (See criteria on back)	o so. After MAY 1, 20	III FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of St	Trust Fund Contribution. Adde	00.May.Be
	ICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
THE DIRECTOR AME TREET ADDRESS TY-SI-ZIP TY-SI-ZIP	Armando # 43)	NAME STREET ADDRESS CITY-ST-ZIP	700003401117 -09/22/0001002 ****150.00 *****	4
AME DIRECTOR	er //R cula-	TITLE NAME STREET ADDRESS	☐ Change	Addition C
TREET ADDRESS HUMBERS ITY-ST-ZIP Let. LA-ud	Started 1 33	CITY-ST-ZIP		☐ Addition
AME DIRECTOR TREET ADDRESS AUMUELLE	er Manfred	name Street address	_ `	
ITY-ST-ZIP 160 11.050 ITLE 54 , CPUC AME	ROOM ROLLS	CITY ST-ZIP TITLE NAME	☐ Change	☐ Addition
TREET ADDRESS (TY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
ITLE AME	☐ Delete	TITLE NAME	A Charles	\ □ Addition
TREET ADDRESS ITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	N I	
ITLE AME TREET ADDRESS	Delete	TITLE NAME STREET ADDRESS	☐ Change	Addition }
Iny-st-zip I hereby certify that the information s indicated on this report or supplement the corporation or the receiver of the corporation of the corporati	supplied with this filing does not qualify for intal report is true and accurate and that trustee empowered to execute this report	or the exemption stated in S my signature shall have the t as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the a same legal effect as if made under oath; that I am an office 17, Florida Statutes; and that my name appears in Block 11 of the control of the contr	information or or director or Block 12 if
changed, or on an attachment with a	an actiress, with all other like empowered		8/28/2000	
SIGNATURE: SIGNATURE A	IND TYPED OR PRINTED NAME OF SIGNING OFFICER	R OR DIRECTOR	Date Daytime Phone #	

To Whom it May concern, In Oct of 1999 Sofen a Coys - with the state of Sl. Birch PARK Development GROUP Ive. I did never recieve and annual Report - does this Come out in Oct - one year from the time I in conjuted or when does this come to me to renew, my friend does nox Thank you While Quille 100 N. Gordon Rd

St. LAudier dale, SL