3. C.

SIGNATURE: ALL

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 90884 033 \*\*\*150.00

ACCOUNTING TAKES, ETC. TINC.  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 9050 PINES BLUD  Suite, Apt. 16 10
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 905 O PASSION Dialing Address Space Suite. Apt. 1, etc.
2. Principal Place of Business 9050 Publishad aliling Address Suite. Apt. #_etc.
2. Principal Place of Business 9050 Publishad aliling Address Suite. Apt. #_etc.
Suite. Apt. #, etc.   DO NOT WRITE IN THIS SPACE   Suite. Apt. #, Etc.   Applied For Not Applicable   Not Ap
Sity & State  Pembacke Pruts, FL Py & State  Zip 300 4 Country  SA Zip 300 4 Country  Applied For Not Applied
Country   FL   Product   FL   Product   FL   Product   Fee Required   Status Desired   Fee Required   Fe
Country S Zip 30 4 Country S 5. Certificate of Status Desired   \$8.75 Additional Fee Required   7. Name and Address of Current Registered Agent   Name and Address of
DO NOT WRITE IN THIS SPACE  Street Address (P.O. flox Number is Not acceptable)  City/fo L/WOOD FL Zip.Code 9  8. The above named entity submits this interment for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signature poor of period name of registered agent and of period name of registered agent signature required when reinstaining)  9. This corporation is expible to satisfy its Intangible 1 January 1 - May 1 Fee is \$150.00  Tax fulling requirement and elects to do so.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS
DO NOT WRITE IN THIS SPACE  Street Address (P.9. Flox Number is Not Acceptable)  City: Good Provided in the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature typed or brited name of registered agent and of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  9. This corporation is engible to satisfy its Intangible Tax filing requirement and elects to do so.  After, May 1. Fee is \$150.00  After, May 1. Fee is \$550.00  After, May 1. Fee is \$150.00  After,
IN THIS SPACE  City//O LY WOOD  FL Zip Code 9  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 Signature required or befreed name of registered agent and office of states of Florida.  9. This corporation is engible to satisfy its Intangible Tax fulling requirement and elects to do so After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS
8. The above named entity summits this interment for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature required agent and of registered agent and of splicable.  (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee is \$150.00  Tax filling requirement and elects to do so.  (See criteria on back)  January 1 - May 1 Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS
8. The above named entity suplinits this interment for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature typed or brited name of registered agent and office or registered Agent Signature required when reinstating)  9. This corporation is engible to satisfy its Intangible  Tax filling requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS
SIGNATURE    Signature typed of britted name of registered agent and close series agent and
9. This corporation is engible to satisfy its Intangible  Tax fluing requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State
Tax fung requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State  10. Election Campaign Financing  Trust Fund Contribution.  Trust Fund Contribution.
Amended UBR is \$61.25 (See criteria on back)  Amended UBR is \$61.25 Trust Fund Contribution.  Added to Fees  Make Check Payable to Department of State
11. OFFICERS AND DIRECTORS
THE TRESTITUE
NAME 1241 GRAUT STREET TRES NAME
TITLE  NAME  1941 GRAUT STREET  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  TELLY DAVIS  TITLE  NAME  NAME  NAME  NAME  NAME
TITLE VP TITLE
NAME TENNIFER DOWS STREET ADDRESS 1241 BLANT ST. STREET ADDRESS
CITY-ST-ZIP HOCLYWOOD, FC 33019 CITY-ST-ZIP
TRILE SEC. TITLE NAME ALLIE SAULS NAME
STREET ADDRESS 12-41 GRANT ST. STREET ADDRESS
THE TREASOLER IN THIS SPACE NAME HOW ARD CARTELITY NAME
STREET ADDRESS   10 // C / 4.0. T ST.
TITLE NAME NAME
STREET ADDRESS  CHY-S1-ZIP  CHY-S1-ZIP
TITLE TITLE
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP
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 attachment with an address, with all other his empowered.