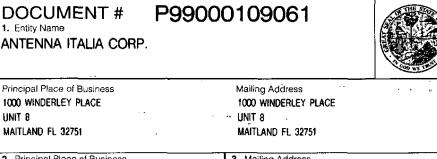
FILED

Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90137 045 ***150.00

2003	FOR	PROFIT (CORPORAT	ION
UNIFO	RM E	USINESS	REPORT ((UBR)



ANTENNA	a Italia C	ORP.						01-30-2003 90137 043 130.00	
Principal Place of Business 1000 WINDERLEY PLACE UNIT 8 MAITLAND FL 32751		· [Mailing Address 1000 WINDERLEY PLACE UNIT 8 MAITLAND FL 32751			T			
2. Principal Place of Business		3.	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 59-3620817 Applied For		
Zip		Country		Zip Coun		itry	_	5. Certificate of Status Desired Sa.75 Additional Fee Required	
	& Name	and Addres	s of Current Regi	stared Agent	—	T .		7. Name and Address of New Registered Agent	
	o. Name	anu Addres	s of Current negi	siered Agent		Name	<u>:</u>	7. Name and Address of New Registered Agent	
	ra, Bernari					Street Address (P.O. Box Number is Not Acceptable)			
1000 WIN UNIT 8	iderley pla	(CE							
MAITLAND FL 32751					City FL Zip Code				
	itions of register	red agent.	statement for the	ratta P.	RES (red agent, or both, in the State of Florida. I am familiar with, and accept VAN 28 200 3 d when reinstating) DATE	
v∰ite	FILE NOW!!! er May 1, 200 k Payable to	3 Fee will		te				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		QF	ICERS AND DIRE	CTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LA FRATTA 1000 WIND MAITLAND	, BERNAR ERLEY PL	D	☐ Delete	TITLI NAM STRE			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'NEIL, TE 1000 WIND MAITLAND	rry Erley Pl	UNIT 8	□ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			_	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			-	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			-	Change Addition	
TITLE NAME				☐ Delete	TITLE			☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP