FILED Apr 22, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)/

DOCUMENT # \$56813 1. Entity Name FANI PROPERTIES, INC.	#12974-2		04-22-2003 9004	
Principal Place of Business Mailing Address 7746-66TH STREET NORTH 7746-66TH STREET NORTH PINELLAS PARK, FL 33781 US PINELLAS PARK, FL 33781 US			901005	
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #,		n	☐ CHECK HERE IF MAKIN	IG CHANGES
City & State	City & State		4. FEI Number 59-3127019	Applied For Not Applicable
Zip Country	Zip	Country	5Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Cur	rent Registered Agent	Name	7. Name and Address of New Registere	d Agent
JONES, MARTIN S 7746 66TH STREET NORTH PINELLAS PARK, FL 33781		JOHI Street Address	JOHN W. WEST III Street Address (P.O. Box Number is Not Acceptable) 240 S. PINEAPPLE AVENUE	
			H FLOOR	
			ASOTA F	- 34230
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE MINISTRAL	egent and title if applicable. (NOTE	E Paya arad Ayanta gradust stouis	ey when minauting) CATE	8/03
EILE NOVAIIL ESE IS \$150,00 After May 1, 2003 Fee will be \$550 Make Check Payable to Florida Departm	600		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AF	
NAME DE TOMMASO, GIOVANNA STREET ADDRESS VIA PALESTRO 9-11 72100 BRINOISO, ITALY, 73	□ Delete 2021	TITLE NAME STREET ADDRESS CITY-ST-21P		Change Addition
TITLE S NAME DE TOMMASO, PIERFRANC STREET ADDRESS VIA PALESTRO 9-11 CITY-S1-2P 72100 BRINOISO, ITALY, 72		TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Change ☐ Addition 5
ITILE P NAME DE TOMMASO, TOMMASO STREET ADDRESS VIA PALESTRO 9-11	☐ Delete	TITLE NAME STREET ADDRESS	<u> </u>	Change Addition
CITY-ST-2IP 72100 BRINOISO, ITALY, 72 TITLE NAME STREET ADDRESS	2021 Delete	Crity-St-21P Trile NAME STREET ADDRESS		☐ Change ☐ Addition
CITY-S1-2P		CRY-ST-ZIP		
TITLE NAME STREET ADDRESS	💭 Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deiete	CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 dame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				