Apr 14, 2003 8:00 am § Secretary of State **FILED**

04-14-2003 90350 032 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

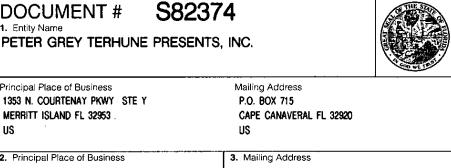
1. Entity Name

US

Principal Place of Business

MERRITT ISLAND FL 32953

PETER GREY TERHUNE PRESENTS, INC.



					j				
2. Principal P	Place of Business	3. Mailing Address				1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4. F	4. FEI Number 59-3090790 Applied For Not Applicable			
Zip	Country	Zip Co		try 5. Certific		Certificate of Status Desired	ed \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. N	lame and Address of New Registere	d Agent		
				Name	Name				
TERHUNE, PETER GREY 219 SYKES POINT LANE				Street Address (P.O. Box Number is Not Acceptable)					
MERRITT ISLAND FL 32953									
				City		F	L Zip C	ode	
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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00									
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		.00 May Be ded to Fees	
10.	OFFICERS AND	DIRECTORS	11.	,	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERHUNE, PETER GREY 219 SYKES POINT LANE MERRITT ISLAND FL	☐ Delete					☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delete TERHUNE, CATHY ABRAM 219 SYKES POINT LANE MERRITT ISLAND FL			- 1			☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			The comment of	ر یب حدده	☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			•		☐ Chang	e 🔲 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	/.	☐ Delete					☐ Chang	e 🔲 Addition	

12. I hereby certify that the information supplied with this filing does not quality 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 officers with all other like empowered.

UNE MERUNCO SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #