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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # V10800</b>			
1. Entity Name <b>ARZIG, INC.</b>			
Principal Place of Business 1382 HOWLAND BLVD 134 DELTONA FL 32725 US		Mailing Address 107 LAKE GERTIE RD DELAND FL 32720 US	
2. Principal Place of Business <i>915 Doyle Rd</i> Suite, Apt. #, etc. <i># 107</i>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country	
4. FEI Number <b>59-3104005</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RESNICK, ZONAGALE</b> 107 LAKE GERTIE RD DELAND FL 32720		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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: <i>Zonagale Resnick</i> DATE: <i>4/11/03</i> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RESNICK, ARNOLD J.</b> 107 LAKE GERTIE RD DELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RESNICK, ZONAGALE</b> 107 LAKE GERTIE RD DELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		SIGNATURE REQUIRED <i>4-30-02 386-574-9444</i> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	

CR2E034 (10/02)