FOR PROFIT CORPORATION UNIFORM BUSINESS REFORT (UBR)

FILED Jul 15, 2002 8:00 am Secretary of State

DOCUMENT 1. Entity Name KANE G	# V/396;	7 ~1, I WC	<u> </u>		1ry 01 State 90187 016 ***158.75
DO N	IOT WRITE	IN THIS SI	PACE		
2. Principal Place of Business 8132 W M=NAB R0		3. Mailing Address 140 1020 HWODD AVB			
Suite, Apt. #, etc. N- LAUD GROALG 33068		Suite, Apt. #, etc. PLANTATION		DO NOT WRITE IN THIS SPACE	
City & State		City & State F L A		4. FEI Number 65-0312141	Applied For Not Applicable
Zip	Country	33324	BROWARD	5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name and Address					Registered Agent
Name AWE				E. MICHAEL	
DO NOT WRITE				E, MICHAEL (PO: Box Number is Not Acceptable) (PORCH WOOD P)	
				_	<u> </u>
City			NTATION	— 7:- 0:-1-	
City / C				[H	FL 39334
8. The above named entit	ty submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Flori	da.
2	n ' a			~	
SIGNATURESignature, typed	or printed name of registered agent ar	nd title if applicable. (NOT)	: Registered Agent signature require	ed when reinstating)	DATE
Tax filing requirement and elects to do so. (See criteria on back) After May 1, Amended t Make Check Payable			lay 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25 le to Department of St	10. Election Campaign Fina Trust Fund Contribution.	_
11. OFFICERS AND DIRECTORS					
NAME MICHAEL JKANE STREET ADDRESS 140 TORCHWOOD AVE			TITLE NAME STREET ADDRESS	*	

PLANTATION FLA CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MARSHO BLANE 140TORCH WOODAVE NÁÆ NAME STREET ADDRESS STREET ADDRESS PLANTATION FLA CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE AUTATION FLA 3332 4 CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Attachment # V13967 170283 Jene 24,200-2 Scalled my account that I never bereived your will or form You revenue to I la Dept of Comporation Do she told me to call your office pol did I that told me to write a Letter put all the information on it with my FEI number so That's what law doing lashed if there would be a late free I they told me just write the letter of epplain the term & there wouldn't be, she said \$150 plus I want I Want a copy which Was #8.75 My Corporation name is Lone Gournet Place of Bes 8032 WMª Nob Rd N Lauchetale Du 32068. my address is the perme mailing Plantation Dle 3332el The Pres is michael Kane Bank address secri Marsh BKane Same address On plantation The 33324