FILED Apr 28, 2003 8:00 am

2003	FOR	PROFIT (CORPORA	ΓΙΟΝ
UNIFO	RM E	USINESS	REPORT	(UBR)

Mailing Address Mailing Address Mailing Address COCOA BEACH R, 12891	DOCUMENT # V54231 1. Entity Name RIZZUTO REPORTING, INC.						Secretary of State 04-28-2003 91402 007 ***150.00					
Sulfo, Apt. #, etc. Sulfo Apt. #, etc. Sulfo Apt. #, etc. City & State City & State Country Zip Country Zip Country S. Cartificate of Status Desired	108 YOUNG AVENUE 108 YOUNG AVENUE				<u> </u>	;	.					
City & State	2. Principal F	Place of Business	,	3. Mailing	g Address			ı	I I DE IL DANGDA DIAN DAGLE I	 	1)(110 61819 11110	/ E(B)) F E
Country Zip Country Zip Country S. Certificate of Status Desired S. P. 75 Additional Price Required Agent Status Desired S. P. 75 Additional Price Required Agent Status Desired S. P. 75 Additional Price Required Agent Status Desired Status Desired Agent Status Desired A				Suite, /	Apt. #, etc.				CHECK H	IERE IF MAKING	G CHANGES	
Name and Address of Current Registered Agent Name and Address of New Registered Agent Name N	City & Stat	te		City &	State			4. FE1	Number 65-0349	311	No	ot Applicable
RIZZUTO, JEANNIE 108 YOUNG AVENUE COCOA BEACH FL 32931 6. The above planted critiry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistion for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistion for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistion for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistion for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistion for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistion for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistion for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both, in the State of Florida. I am formiss with, and soccept the collegistic for registered agent, or both in the State of Flo	Zip		Country .	Zip 		Country						litional d
108 YOUNG AVENUE COCOA BEACH FL 32331 8. The above Admind entity submits this statement for the purpose of chaininging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or registered agent, or both, in the State of Florida. I am familiar with, and scrept the chlighest or r		6. Name an	d Address of Current F	legistered .	Agent	Na	me	7. Nan	ne and Address of N	lew Registered	Agent	
108 YOUNG AVENUE COCOA BEACH FL 32931 8. The above attimed only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and scept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and scept the obligations or registered agent. SIGNATURE Software piped or prince formed registered agent. MOTE Registered Agent sepature requested when resistatively DATE **THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Phayable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PARTICIPATION JEANNE C 108 YOUNG AVENUE COCOA BEACHGS FL 32931 TITLE OCOCOA BEACHGS FL 32931 TITLE OCITY-ST-2P TITLE OCITY-S	RIZZUTO,	JEANNIE				Str	eet Address (F	20 Box I	Number is Not Accer	table)		
8. The above partined critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Singlaws fixed or private here of registered agent and see it applicable. (MOTE Registered Agent synature requised when reliebling) After May 1, 2003 Fee will be \$550.00 Alex Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIREET ADDRESS CITY-ST-2P TITLE Delate Delate TITLE Delate Delate TITLE Delate Delate TITLE Delate Delate Delate TITLE Delate De						311	eer Address (r	.0. 00.1				
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Subjective Now!!! FEE IS \$1\$0.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	the obliga	lions of registere		the purpose	e of changing its re	egistered offi	ice or registere	ed agent,	or both, in the State	of Florida. I am	familiar with,	and accept
After May 1, 2003 Fee will be \$550.00 Sale will be \$650.00 Sale	SIGNATURE	Signature, typed or pr	inted name of registered agent ar	d title if applical	ble. (NOTE: F	Registered Agent	signature required	when reinsta	iting)	DATÉ		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Afte	r May 1, 2003	Fee will be \$550.00	State			• • • • • • • • • • • • • • • • • • • •					
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	NAME		• •		□ Delete	NAME	BESS				Change	☐] Addition
12. Thereby 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	CITY-ST-ZIP	partify that the int	ormation equalized with	hie filing de	see not excelled for the	CITY-ST-ZIP	,	ation 110	07/3Vi) Elorido Stati	itee I further co	etify that the :-	oformation

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: