2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69701



FILED Mar 17, 2003 8:00 am Secretary of State

LYKES I	MINERALS CORP.						
Principal Place of Business 400 N TAMPA ST TAMPA FL 33602 Mailing Address 400 N TAMPA ST SUITE 2000 TAMPA FL 33602 US				1		1320 ABBAR (140 ABBAR BIRK) AB	<u> </u>
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address	Mailing Address				
		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
		City & State		Ja 3 140 Ha		Applied For Not Applicab	
Zip	Country	Zip	Count	try	5. Certificate of Status Des		75 Additional Required
	6. Name and Address of Curr	rent Registered Agent		Name	7. Name and Address of I		
WATERS	, ELIZABETH A						
400 N T/	AMPA ST			Street Address (P.O. Box Number is Not Acceptable)			
tampa f	FL 33602		<u> </u>				
			-	City		FL Z	ip Code
8. The abov	e named entity submits this statemenations of registered agent.	nt for the purpose of changing	its registered	d office or regis	stered agent or both in the State		
the obliga	ations of registered agent.			vee a. 10g.c	blored agent, or both, in the state	oi rionda. Tam iamilia	ir with, and accept
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (N	NOTE: Registered	Agent signature requ	ulred when reinstating)	DATE	
F	Signature, typed or printed name of registered at FILE NOW!!! FEE IS \$150.00		NOTE: Registered	Agent signature requ		-	
F Afte	Signature, typed or printed name of registered at FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.	00	NOTE: Registered	Agent signature requ	9. Election Campai	gn Financing	\$5.00 May Be
F Afte Make Chec	Signature, typed or printed name of registered are FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550, k Payable to Florida Departmen	00 It of State	NOTE: Registered i	Agent signature requ		gn Financing	\$5.00 May Be Added to Fees
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Elisabeth A. Wahrs 3/12/03 8134705034

Date Daytime Phone #