

FILED  
Apr 03, 2002 8:00 am  
Secretary of State

02-20-2002 90044 032 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 533514  
LMNP INCORPORATED

1. Entity Name  
2. Principal Place of Business  
3. Mailing Address

4. FEI Number: 16-1019727  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
LIEBERSON, MELVIN  
8964 SW 6th COURT  
PLANTATION, FL 33324

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.  
SIGNATURE: *Mel Lieberson* DATE: 3/20/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  
10. Election Campaign Funding Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br>PP<br>LIEBERSON, MELVIN<br>8964 SW 6th CT<br>PLANTATION, FL 33324 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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*sorry - we signed wrong line?*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statute. 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 507, Florida Statute; and that my name appears in Block 11 or 12 on back of this report.  
SIGNATURE: *Mel Lieberson* DATE: 03/18/02

MEL LIEBERSON