## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 770969  1. Entity Name					FILED				
LAMBDA SOUTH, INC.					03 050	017 AMII:38	ā		
Principal Place of Business Mailing Address			<del></del>	<del></del>	ocen ocen	TIFTAL OF OTATE	•		
1231-A EAST LOS OLAS BLVD. P.O. BOX 0303						ETATY OF STATE TESSEE FLORID	Ä		
					 	#	ALBIC BIBIC BIBIC BE	D(A 83.01) (8.0)	
Principal Place of Business     3. Mailing Address			<del></del>	·	OPH		77 F 		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.			CHECK HERE IF MAKI	CI II NG CHANGES	<u> </u>	
City & State		City & State			4. FEI Number N	OT APPLICABLE	<del></del>	pplied For	
Zip	Country	Zip	Country		F 0 - 1/6 - 1 - 1/0		\$8.75 Ad		
	- <del> </del>	<u> </u>			5. Certificate of St	atus Desired	Fee Require		
<del></del>	6. Name and Address of Current F	Registered Agent	Nome	7. Name and Address of New Registered Agent					
Name (					VOUGH,	m 26			
WYNN, BILL				Street Address (P.O. Box Number is Not Acceptable)					
1231A EAST LAS OLAS BLVD FT LAUDERDALE FL 33303				<u> </u>	<u> </u>	<u> </u>	<u></u>		
TI ENOBERDACE TE 30000						<u>_</u>	Zip Cod	· · · · · · · · · · · · · · · · · · ·	
<del></del>		City	Langergere LF 33301						
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.									
M = M									
SIGNATURE Signature, (yold or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW: FEE IS \$61.25 9. Election Campai After September 10, 2003, min will be \$236.25				' o	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable		
						·			
10.	OFFICERS AND DIRE		11.	<del></del>	DDITIONS/CHANG	ES TO OFFICERS AND			
TITLE	VPD	☐ Delete	. TITLE . Name	160	KERT C	000	Change	Addition	
NAME STREET ADDRESS	25 11.25 11 20 11			55 209 N. Atlantic Beach Blue the 16					
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			Ft	Laulerd	aic FL	33301	4	
TITLE	PD	Delete	TITLE	VPO			Change	☐ Addition	
NAME	ROJAS, FERMIN	· ·	NAME	FRO	MBACH	LAURA	•		
STREET ADDRESS CITY-ST-ZIP	, loss it Albitetto Ale IIII			STREET ADDRESS 1873 N.W. 45th Ct CITY-ST-ZIP Ft. Landerdale FL 33309					
TITLE	FORT LAUDERDALE FL 33311	[] [	TITLE	PT C		cale ru		☐ Addition	
NAME	JAMISON, ANDY	Delete	NAME			AST	Change	☐ Addition	
STREET ADDRESS	717 SW 14TH AVE #3		STREET ADDRESS		N.E 45		_		
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	<del></del>	CITY-ST-ZIP	F1.	Langerd	ale, FL	<u> 3333'</u>	<u>t</u>	
TITLE	TD	Delete	TITLE	aΤ			Change Change	☐ Addition	
name Street address	Grant, fran L   1314 e. Las Olas Blvd., apt 10	AR	NAME STREET ADDRESS	TAR	COOK, UN	TYAN APT	· 6	ļ	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	40	CITY-ST-ZIP	Ft. L	ره بم مرح وا	e, FL 33	3aS		
TITLE	SD	Delete	TITLE	50		•	Change	Addition	
NAME	WYNN, BILL	<u>-</u>	NAME	mck	M ANGOOD	, wee	, ,	{	
street address  ¹ City-St-Zip	818 NW 45TH STREET		STREET ADDRESS CITY-ST-ZIP	4990	1 1231 - 12	East 102		,	
TITLE	POMPANO BEACH FL 33064	[7] Rata:		1-1	Lauderd	ME, IL	3330		
NAME		Delete	TITLE NAME	1	900	0255454	☐ Change	Addition	
STREET ADDRESS	·		STREET ADDRESS			01011011		5	
CITY-ST-ZIP			CITY-ST-ZIP	1	- · · · - · -	- · • - •	- <del></del>	{	

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 617, 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: MEDINED MCDONOU 6-11 - 12/12/03 954 303 - 6405
SIGNATURE: Date Description Printed NAME OF SIGNING OFFICER OR DIRECTOR
Date Description Printed NAME OF SIGNING OFFICER OR DIRECTOR