2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2002 8:00 am Secretary of State

| 1. Entity Nam | | 0001071 | | | J | Secreta 06-16-2002 | | tate | II. |
|--|---|---|------------------------------|---|--|--|---|----------|--|
| Principal Place of Business 2500 WESTON RD. STE 403 WESTON FL 33331 | | Mailing Address 2500 WESTON RD. STE 403 WESTON FL 33331 | | | | 1 1 8 8 11 8 8 1512 8 8 18 18 1 | 811 8 8 111 8 8 111 8 8 111 8 8 111 | | 111 1 (1 11 1 (111 1 |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Stat | te | City & State | | | 4. | 4. FEI Number 65-1066624 Applied For Not Applicable | | | |
| Zip | Country | Zip | Zip Count | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | litional | |
| 6. Name and Address of Current Registered Agent ODLE, BRUCE 2500 WESTON RD, STE 403 WESTON FL 33331 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 9. This corporate filling | e named entity submits this statement for signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so. | and title if applicable. (NOT) | E: Registered | d Agent signature | required when r | | DATE paign Financing | | 0 May Be to Fees |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND PCD EGGLESTON, TOM 3075 OLD STILL LANE WESTON FL | | 12. TITLE NAMI STRE | ET ADDRESS | D AL Rob R | DDITIONS/CHANGES Yan Sreenwich York, NY | , s+ + 1 | ☐ Change | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WUKASCH, MATT 13230 SW 30TH COURT DAVIE FL | ☐ Delete | | E ET ADDRESS | 2047 | eOdle windwa m, FL 33 | nd arde 326 | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D- CASSILY, JIM 3090 DAWES AVENUE SE GRAND RAPIDS MI | - □ Delete · · | | | .7 | | | Change ~ | - Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLOW, DON 1400 S. STRATEFORD RD WINSTOM SALEM NC | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREENSPAN, STAN 7201 GLENBROOK RD BETHESDA MD | ☐ Delete | | | '- | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Dischael Swanson 3000 Holiday D | Delete | | | | | | ☐ Change | Addition |

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 Block 12 if changed, or on an attachment with an address, with all other like empoyered.

SIGNATURE:

954 385-4660

CR2E034 (9/01)