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FILED
03 JUN 20 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002237

1. Entity Name
USCC FLORIDA ACQUISITION CORPORATION

Principal Place of Business	Mailing Address
3599 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216	610 NEWPORT CENTER DRIVE SUITE 350 NEWPORT BEACH, CA 92660

2. Principal Place of Business	3. Mailing Address
610 NEWPORT CENTER DRIVE	610 NEWPORT CENTER DRIVE
Suite, Apt. #, etc. SUITE 350	Suite, Apt. #, etc. SUITE 350
City & State NEWPORT BEACH, CA	City & State NEWPORT BEACH, CA
Zip: 92660 Country: USA	Zip: 92660 Country: USA

☐ CHECK HERE IF MAKING CHANGES 03

4. FEI Number 94-3310485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when eliminating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PARYANI, SHYAM B 3599 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP, CFO BAKER, RICHARD A. 610 NEWPORT CENTER DRIVE, SUITE 310 NEWPORT BEACH, CA 92260	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GOFFMAN, JEFFREY A 610 NEWPORT CENTER DRIVE, STE. 350 NEWPORT BEACH, CA 92660	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, P, S, D GOFFMAN, JEFFREY A. 610 NEWPORT CENTER DRIVE, SUITE 310 NEWPORT BEACH, CA 92260	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO GOFFMAN, JEFFREY A 610 NEWPORT CENTER DRIVE, STE. 350 NEWPORT BEACH, CA 92660	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200021040222	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 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: Richard A. Baker 6-19-03 949-721-6540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 137731 4302173

AUTHORIZATION : Patricia Pujato

COST LIMIT : $ 558.75

ORDER DATE : June 18, 2003

ORDER TIME : 9:48 AM

ORDER NO. : 137731-145

CUSTOMER NO: 4302173

CUSTOMER: Ms. Anne Stevenson
Swidler Berlin Shereff
405 Lexington Avenue
11th Floor
New York, NY 10174

ANNUAL REPORT FILING

RECEIVED
03 JUN 20 AM 11:56
DIVISION OF CORPORATION

NAME: USCC FLORIDA ACQUISITION CORP.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY
XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____