

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90016 036 ***150.00

DOCUMENT # F01000005989

1. Entity Name
FLY ON, INC.

Principal Place of Business C/O HABER CORPORATION 16830 VENTURA BLVD., #501 ENCINO CA 91436	Mailing Address C/O HABER CORPORATION 16830 VENTURA BLVD., #501 ENCINO CA 91436
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 58-2641300		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD ROSSINGTON, GARY	<input type="checkbox"/> Delete STREET ADDRESS 1801 BIRMINGHAM ROAD CITY-ST-ZIP ALPHARETTA GA 30003	TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD HABER, GARY	<input type="checkbox"/> Delete STREET ADDRESS 16830 VENTURA BLVD., #501 CITY-ST-ZIP ENCINO CA 91436	TITLE NAME S HABER, GARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD VAN ZANT, JOHNNY	<input type="checkbox"/> Delete STREET ADDRESS 4619 PLYMOUTH STREET CITY-ST-ZIP JACKSONVILLE FL 32207	TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD POWELL, BILLY	<input type="checkbox"/> Delete STREET ADDRESS 5730 SWAMP FOX ROAD CITY-ST-ZIP JACKSONVILLE FL 32210	TITLE NAME VD POWELL, BILLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 	<input type="checkbox"/> Delete	TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 	<input type="checkbox"/> Delete	TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowered.

SIGNATURE: *[Signature]* **GARY HABER CPA/SECRETARY** **2/27/02** **(818) 783-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)