

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91326 006 \*\*\*150.00

DOCUMENT # F01000005989				✓	
1. Entity Name FLY ON INC.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business C/O HABER CORP Suite, Apt. #, etc. 16830 VENTURA BL #501 City & State ENCINO, CA		3. Mailing Address C/O HABER CORP Suite, Apt. #, etc. 16830 VENTURA BL #501 City & State ENCINO, CA		<b>DO NOT WRITE IN THIS SPACE</b>	
4. FEI Number 58-2641300		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
<b>DO NOT WRITE IN THIS SPACE</b>			7. Name and Address of Current Registered Agent		
			Name <del>C-T CORPORATION-SYSTEM</del>		
			Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
			City PLANTATION FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSSINGTON, GARY 16830 VENTURA BLVD. #501 ENCINO, CA, 91436		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V POWELL, WILLIAM 5730 SWAMP FOX RD JACKSONVILLE, FL, 32210		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VAN ZANT, JOHNNY 4619 PLYMOUTH ST JACKSONVILLE, FL, 32205		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HABER, GARY 16830 VENTURA BLVD. #501 ENCINO, CA, 91436		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____		<b>SECRETARY</b>		4/23/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		818-783-9200 Daytime Phone #	

CR2E034B (12/02)