

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90129 042 ***150.00

DOCUMENT # F02000001526

1. Entity Name
AIRLINE PARTNER SERVICES, INC.



Principal Place of Business
**311 LINCOLN ROAD, SUITE 204
MIAMI BEACH FL 33139**

Mailing Address
**311 LINCOLN ROAD, SUITE 204
MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-3031584

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**BAUMGARTEN, MAURICE J
ANANIA BANDKLAYDER & BLACKWELL
100 S.E. 2ND STREET, #4300
MIAMI FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 **P** Delete
NAME **JACKMAUH, PHIL**
STREET ADDRESS **4 EMBARCADERO CENTER, #3550**
CITY-ST-ZIP **SAN FRANCISCO CA 94111**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **RYAN, RUSSELL**
STREET ADDRESS **826 MERIDIAN AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VD** Change Addition
NAME **Ryan, Russell**
STREET ADDRESS **5320 Alton Road**
CITY-ST-ZIP **Miami Beach, FL. 33140**

TITLE **S** Delete
NAME **CRYER, SCOTT**
STREET ADDRESS **826 MERIDIAN AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Russell Ryan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/17/03** Daytime Phone: **786 2786-7405**

CR2E034 (10/02)