			(ODI	-	FILED May 01, 2001 08:00 AM Secretary of State					
Principal Place 110 se 6TH sT 20TH FL FORT LAUDER: 33301		Mailing Address 110 SE 6TH ST 20TH FL FORT LAUDERDALE 33301	US	FL						
2. Principal Pla	ace of Business	3. Mailing Address							-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			F2 4405445			pplied For at Applicable		
Zip	Country	Žip	Count	ry		Certificate of Status De	sired	\$8.75 Add	itional	
	6. Name and Address of Current I	Registered Agent		·	7. N	Name and Address of	New Registered		<u> </u>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL				Name ROLLIN Street Ad- 110 SE 6T		NETH B ox Number is Not Acce	eptable)			
33324	US named entity submits this statement for			City FT. LAUD	ERDALE		FI	Zip Cod 33301	e	
9. This corpor Tax filing re (See criteria		ond title if applicable. (NOTE FILE NOW! After MAY 1, 200 Make Check Payab	II FEE 01 Fee le to De	IS \$150.0 will be \$55	0.00 of State	10. Election Campa Trust Fund Cont	DATE aign Financing tribution.	⊥ Åddec	0 May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND	DIRECTORS Delete			D HUIZENGA 110 SE 6TH FT. LAUDE	ST	O OFFICERS AN	D DIRECTORS Change 33301	S IN 11	E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ,			D JACKSON 110 SE 6TH FT. LAUDE		FL	☐ Change	X Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOURHIS MARC L 110 SE 6TH ST 20TH FL FT LAUDERDALE	☐ Delete FL 33301						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FERRANDO JONATHAN P 110 SE 6TH ST 20TH FL FT LAUDERDALE	☐ Delete FL 33301			VS FERRANDO 110 SE 6TH FT LAUDER	ST 20TH FL	P FL	№ Change 33301	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAROONE MICHAEL E 110 SE 6TH ST 20TH FL FT LAUDERDALE	☐ Delete		T ADDRESS ST-ZIP		ST 20TH FL		∑ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREE		FT LAUDER	ADALE	FL	Change	Addition	
of the corp	ertify that the information supplied with on this report or supplemental report is oration or the receiver or trustee empoor on an attachment with an address, where the supplementary of the suppleme	true and accurate and that me wered to execute this report with all other like empowered.	ny signati as requir	ure shall ha ed by Chap	ve the same t ter 607, Florid	legal offect on it made.	under oath; that I ny name appears	am an afficer	ar disastar	

Date

Daytime Phone #