

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90177 005 ***150.00

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

DOCUMENT # F99000004760
 1. Entity Name
L'OCITAVE INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10 E 30TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
10 E 30TH STREET
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NEW YORK, NY

City & State
NEW YORK, NY

Zip
10016 Country
USA

Zip
10016 Country
SA

4. FEI Number
13-3844764

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City
TALLAHASSEE FL Zip Code
32301-2525

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 (applicable) (NOTE: Registered Agent signature required when changing)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 *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

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
PRESIDENT	REINOLD GEIGER	21 SAINT NAUVE, BP 307	NANDSQUE, FRANCE 04103				
SECRETARY	BELPHANE HIBON	10 E 30TH STREET	NEW YORK, NY 10016				
TREASURER	WILFRID POINER	75 THOMPSON STREET, APT. A	NEW YORK, NY 10012				
VP MARKETING	STEPHANIE GUNARD	10 E 30TH STREET	NEW YORK, NY 10016				

DO NOT WRITE IN THIS SPACE

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 this 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.

SIGNATURE: Wilfrid Poiner 03-04-03 (212) 816 9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)