

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

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90083 028 \*\*\*150.00

**DOCUMENT #** L01000017561  
1. Entity Name  
KARATE 2000 LLC

44004661

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1228 ROYAL PALM BEACH BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH, FL		City & State	
Zip 33411	Country	Zip	Country

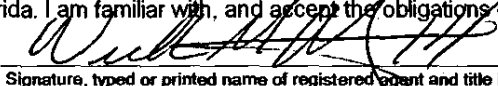
DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3835842		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 WILLIAM WRIGHT III		
	Street Address (P.O. Box Number is Not Acceptable) 1228 ROYAL PALM BEACH BLVD		
	City ROYAL PALM BEACH	FL	Zip Code 33411

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



6.10.03

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

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	P,VP,T,S WILLIAM WRIGHT III 1228 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411
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**11.**

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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.

SIGNATURE



PRESIDENT

6.10.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-383-5026

Daytime Phone #