

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-21-2003 91047 001 ****61.25

DOCUMENT # N27212

1. Entity Name
ARTSERVE, INC.



Principal Place of Business
**1350 E SUNRISE BLVD.
SUITE 100
FT. LAUDERDALE FL 33304
US**

Mailing Address
**1350 E SUNRISE BLVD.
SUITE 100
FT. LAUDERDALE FL 33304
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0058919** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STODDART, CINDY
1350 E SUNRISE BLVD
100
FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name **Maureen Kohler**
Street Address (P.O. Box Number is Not Acceptable)
1350 E Sunrise Blvd. #100
City **Ft. Lauderdale** FL Zip Code **33304**

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 Maureen F. Kohler DATE 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	BROOKS-THOMAS, PAMELA	
STREET ADDRESS	6921 ENVIRON BLVD #6-0	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	STODDART, CINDY	
STREET ADDRESS	1350 E SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVAN, JARETT	
STREET ADDRESS	4150 SW 28TH WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KAPPERS, MATHEW	
STREET ADDRESS	3813 HERON RIDGE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BAENZINGER, COLIN	
STREET ADDRESS	12970 DARTFORD TRAIL #8	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Kohler	
STREET ADDRESS	1350 E. Sunrise Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruben moreno	
STREET ADDRESS	22070 Broderick Dr.	
CITY-ST-ZIP	Dallas, Va. 20166	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Koslow	
STREET ADDRESS	3111 Strring Rd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Maureen F. Kohler 4/17/03 954-462-9191

CR2E037 (10/02)