2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90098 021 ***158.75

DOCUMENT # P00000061007

1. Entity Name
FACEWORKS, INC.

Principal Place of Business	Mailing Address
1314 E LAS OLAS BOULEVARD #1099 FORT LAUDERDALE FL 33301	1314 E LAS OLAS BOULEVARD #1099 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1314 E. las olas Blvd. #1099	1314 E. las olas Blvd. #1099
Suite, Apt. #, etc.: #1099	Suite, Apt. #, etc.: #1099
City & State: Ft. lauderdale Fla 3	City & State: Ft. lauderdale Fla.
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. FEI Number 65-1023394 ☐ Applied For ☐ Not Applicable

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
EMO CORPORATE SERVICES, INC. 100 NE THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301	Name: Morgan Dancer Street Address (P.O. Box Number is Not Acceptable): 1314 E. las olas Blvd #1099 Ft. lauderdale Fla. 33301 City: Ft. lauderdale FL Zip Code: 33301

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.

SIGNATURE Morgan Dancer DATE 02-17-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DANCER, MORGAN		NAME	
STREET ADDRESS	1314 E LAS OLAS BOULEVARD #1099		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEERS, KARIN		NAME	
STREET ADDRESS	1314 E LAS OLAS BOULEVARD #1099		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Morgan Dancer 02-17-02 954-882-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #