

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90973 038 ***150.00

DOCUMENT # P01000060315
1. Entry Name:
Darren Liebman, Inc.

DO NOT WRITE IN THIS SPACE

B0057563

2. Principal Place of Business 8730 N. Himes Ave. <small>Suite, Apt. #, etc.</small> #609	3. Mailing Address 8730 N. Himes Ave. <small>Suite, Apt. #, etc.</small> #609
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DO NOT WRITE IN THIS SPACE

City & State Tampa, FL	City & State Tampa, FL	4. FEI Number 59-3725501	Applied For <input type="checkbox"/> Not Applicable
Zip 33614	Country US	Zip 33614	Country US

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7. Name and Address of Current Registered Agent

Name:
Darren Liebman

Street Address (P.O. Box Number is Not Acceptable):
8730 N. Himes Ave.

City:
Tampa, FL

Zip Code:
33614

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 _____ DATE _____
(Sign only, typed or printed name of the current agent and title if applicable) (NEC) (No Registered Agent signature required when not stated)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE Director/President	NAME Darren Liebman	TITLE	NAME
STREET ADDRESS 8730 N. Himes Ave. #609	CITY-ST-ZIP Tampa, FL 33614	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: *Darren Liebman* **Darren Liebman, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)