

03-12-2003 90085 046 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000043472

1. Entity Name
RETAIL DYNAMICS CORP.



70026886

Principal Place of Business
 927 RIVERSIDE DRIVE, #337
 CORAL SPRINGS, FL 33071

Mailing Address
 927 RIVERSIDE DRIVE, #337
 CORAL SPRINGS, FL 33071

2. Principal Place of Business
7210 NW 6th Ct
 State, Apt. #, etc.

3. Mailing Address
7210 NW 6th Ct
 State, Apt. #, etc.



LEAVE CHECK HERE IF MAKING CHANGES

City & State
MARGATE, FL

City & State
MARGATE, FL

4. FEI Number
02-0609397

Applied For
 Not Applicable

Zip
33063

Country
USA

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

6. Name and Address of Current Registered Agent
MORRIS, LINDA
 927 RIVERSIDE DRIVE, #337
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
 Name
LINDA MORRIS
 Street Address (P.O. Box Number is Not Acceptable)
7210 NW 6th Ct
 City
MARGATE, FL Zip Code
33063

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 Linda Morris DATE 03/10/03

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, LINDA	NAME	LINDA MORRIS
STREET ADDRESS	927 RIVERSIDE DRIVE, #337	STREET ADDRESS	7210 NW 6th Ct
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	MARGATE, FL 33063
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 507, 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: Linda Morris DATE 03/10/03 954-415891

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

CP200304 (11/02)