2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003
Secretary of State

DOCUMENT# P02000051962

Entity Name: ALTLAM HOLDING CORP.

Current Principal Place of Business:

2500 N. UNIVERSITY DRIVE
SUITE 10
SUNRISE, FL 33322

New Principal Place of Business:

10044 NW 1ST COURT
PLANTATION, FL 33324

Current Mailing Address:

2500 N. UNIVERSITY DRIVE
SUITE 10
SUNRISE, FL 33322

New Mailing Address:

10044 NW 1ST COURT
PLANTATION, FL 33324

FEI Number: 04-3671832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHLAM, EDWARD H
Address: 2500 N. UNIVERSITY DRIVE SUITE 10
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete
Name: ALTMAN, ANDREW R
Address: 2500 N. UNIVERSITY DRIVE SUITE 10
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHLAM, EDWARD H
Address: 10044 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Change ( ) Addition
Name: ALTMAN, ANDREW R
Address: 10044 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD H. SCHLAM. M.D. D 01/14/2003

Electronic Signature of Signing Officer or Director — Date