

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

FILED

03 MAY -9 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000063348 1. Entity Name BSPA CORPORATE SERVICES, INC.			
Principal Place of Business 350 EAST LAS OLAS BOULEVARD SUITE 1000 FORT LAUDERDALE, FL 33301		Mailing Address 350 EAST LAS OLAS BOULEVARD SUITE 1000 FORT LAUDERDALE, FL 33301	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0420488		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGER, JAMES L 350 EAST LAS OLAS BOULEVARD SUITE 1000 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) SU0018674515 City 05/03/03--01068--00 FL #2650.00	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)</small>		DATE _____	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGER, JAMES L. 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNEIDER, LAZ 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRON, ROBERT W. 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEVIN, ARNOLD D. 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPLAN, FRANKLIN H. 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLS, THOMAS O. 350 E. Las Olas Blvd., Ste. 1000 FT. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, HENRY H. 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLISH, SHELDON 350 E. Las Olas Blvd., Ste. 1000 FT. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOVANOVICH, NICK 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAUGHERTY, ST. JOHN 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMPERT, DANIEL 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUNTER, PATRICE 350 E. Las Olas Blvd., Ste. 1000 Ft. Lauderdale, FL 33301
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 607, 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: <u>James Berger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/2/2003 954-525-9900 <small>Date Daytime Phone #</small>	

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