

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

10004106

<b>DOCUMENT # P95000097526</b>			
1. Entity Name <b>SAGE BRUSH CORP.</b>			
Principal Place of Business 2601 S. BAYSHORE DR #700 MIAMI, FL 33133		Mailing Address 2601 S. BAYSHORE DR #700 MIAMI, FL 33133	
2. Principal Place of Business <b>1111 BRICKELL AVE</b> Suite, Apt. #, etc. <b>2910</b> City & State <b>MIAMI FL</b> Zip <b>33131</b>		3. Mailing Address <b>1111 BRICKELL AVE</b> Suite, Apt. #, etc. <b>2910</b> City & State <b>MIAMI FL</b> Zip <b>33131</b>	
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES			
4. FEI Number <b>65-0640884</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WEISS, ANDREW</b> 2601 S. BAYSHORE DR #700 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1111 BRICKELL AVE</b> <b>2910</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>	
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 _____		DATE _____	
<small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)</small>		<small>DATE</small>	
<small>FILE NOW WITH FEE IS \$150.00                  ADD \$1.00 PER PAGE FOR EACH PAGE                  MAY 1, 2003 FEE WILL BE \$300.00                  May 1 Change Fee to Starting Date of Filing of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PSTD PARMENTER, DARRYL W 2601 S. BAYSHORE DR #700 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1111 BRICKELL AVE #2910</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____		DATE: <b>4/25/03</b> 315/374-2500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	
<b>DARRYL W. PARMENTER</b>			

CPRE004 (10/02)