2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000081999

Entity Name: OXTAILS CORP.

FILED Jan 13, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ILITARY TV		2835 N MILITARY TRAI	IL	
BAU A WPB. FL	22/17		BAU A WPB, FL 33409		
,			,		
Current N	/lailing Addre	ess:	New Mailing Address	:	
	ILITARY TV		2835 N MILITARY TRAI	IL	
BAU A WPB, FL	33/17		BAU A WPB, FL 33409		
•		FFI Number Applied For ()	,	Continues of Chattan Desired ()	
FEI NUMBEI	r: 65-0699631	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
18164 LAI	IAN, JEROLD UREL LEAF L TA, FL 33469				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both	
	e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both	
in the Stat	e of Florida.	submits this statement for the		office or registered agent, or both Date	
in the Stat SIGNATU This corpor	e of Florida. RE: Electro	nic Signature of Registered A્			
in the Stat SIGNATU This corpor Election Ca	e of Florida. RE: Electro	onic Signature of Registered Actor to satisfy its Intangible Tax filing re ng Trust Fund Contribution ().	gent equirement and elects to do so (X).		
in the Stat SIGNATU This corpor Election Ca	e of Florida. RE: Electro ration is eligible impaign Financia	onic Signature of Registered Actor to satisfy its Intangible Tax filing re ng Trust Fund Contribution ().	gent equirement and elects to do so (X). ADDITIONS/CHANGE	Date	
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name:	e of Florida. RE: Electro ration is eligible impaign Financia S AND DIRECTED PD (KRITCHMAN,	onic Signature of Registered Ag to satisfy its Intangible Tax filing re ng Trust Fund Contribution (). CTORS:) Delete JEROLD H	gent equirement and elects to do so (X). ADDITIONS/CHANGE Title: (Name:	Date S TO OFFICERS AND DIRECTO	
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name: Address:	ee of Florida. RE: Electro ration is eligible ampaign Financia S AND DIRECTED PD (KRITCHMAN, 18164 LAURE	onic Signature of Registered Ag to satisfy its Intangible Tax filing re ng Trust Fund Contribution (). CTORS:) Delete JEROLD H IL LEAF LANE	gent equirement and elects to do so (X). ADDITIONS/CHANGE Title: (Name: Address:	Date S TO OFFICERS AND DIRECTO	
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name: Address: City-St-Zip:	retion is eligible impaign Financii (S AND DIRECTOR () PD () KRITCHMAN, 18164 LAURE TEQUESTA, F	onic Signature of Registered Actor satisfy its Intangible Tax filing reng Trust Fund Contribution (). CTORS:) Delete JEROLD H IL LEAF LANE 12 33469	gent equirement and elects to do so (X). ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTO () Change () Addition	
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name: Address: City-St-Zip: Title:	re of Florida. RE: Electro ration is eligible impaign Financii S AND DIREC PD (KRITCHMAN, 18164 LAURE TEQUESTA, F	onic Signature of Registered Actor satisfy its Intangible Tax filing reng Trust Fund Contribution (). CTORS:) Delete JEROLD H IL LEAF LANE L 33469) Delete	gent equirement and elects to do so (X). ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip: Title: (Date S TO OFFICERS AND DIRECTO	
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name:	e of Florida. RE: Electro ration is eligible ampaign Financia S AND DIREC PD (KRITCHMAN, 18164 LAURE TEQUESTA, F VSD (KRITCHMAN,	onic Signature of Registered Age to satisfy its Intangible Tax filing re ng Trust Fund Contribution (). CTORS:) Delete JEROLD H IL LEAF LANE L 33469) Delete JAYME A	gent equirement and elects to do so (X). ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip: Title: (Name:	Date S TO OFFICERS AND DIRECTO () Change () Addition	
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name: Address: City-St-Zip: Title:	re of Florida. RE: Electro ration is eligible impaign Financii S AND DIREC PD (KRITCHMAN, 18164 LAURE TEQUESTA, F	onic Signature of Registered Age to satisfy its Intangible Tax filing re ng Trust Fund Contribution (). CTORS:) Delete JEROLD H IL LEAF LANE L 33469) Delete JAYME A IL LEAF LANE	gent equirement and elects to do so (X). ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip: Title: (Date S TO OFFICERS AND DIRECTO () Change () Addition	
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Electronical Elect	onic Signature of Registered Age to satisfy its Intangible Tax filing re ng Trust Fund Contribution (). CTORS:) Delete JEROLD H IL LEAF LANE IL 33469) Delete JAYME A IL LEAF LANE IL 33469	gent ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	
in the Stat SIGNATU This corpore Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Title: Title: Title: Title: Title: Title:	TE OF Florida. RE: Electro Florida El	onic Signature of Registered Actor satisfy its Intangible Tax filing reng Trust Fund Contribution (). CTORS:) Delete JEROLD H IL LEAF LANE IL 33469) Delete JAYME A IL LEAF LANE IL 33469) Delete	gent ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip: Title: Address: City-St-Zip: Title: Title: Address: City-St-Zip: Title: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTO () Change () Addition	
in the Stat SIGNATU This corpor Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Electronical Elect	onic Signature of Registered Acto satisfy its Intangible Tax filing reing Trust Fund Contribution (). CTORS:) Delete JEROLD H IL LEAF LANE IL 33469) Delete JAYME A IL LEAF LANE IL 33469) Delete NORMA	gent ADDITIONS/CHANGE Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	

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: JEROLD KRITCHMAN PD 01/13/2002