

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**  
 05-30-2002 91588 014 \*\*\*150.00

02555005  
 AV

**DOCUMENT # P98000028597**  
 1. Entity Name  
**AIRCRAFT 23345, INC.**

Principal Place of Business      Mailing Address  
**UNICAPITAL CORPORATION**      **UNICAPITAL CORPORATION LAW DEPT.**  
**10800 BISCAYNE BLVD. STE 800**      **10800 BISCAYNE BLVD. STE 800**  
**MIAMI FL 33161**      **MIAMI FL 33161**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
**c/o UNICAPITAL CORP.**      **c/o UNICAPITAL CORP**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**20801 Biscayne Blvd., Ste. 403**      **20801 Biscayne Blvd., Ste. 403**  
 City & State      City & State  
**Aventura, FL**      **Aventura, FL**  
 Zip      Country      Zip      Country  
**33180**      **USA**      **33180**      **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0823633**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SKYWATCH REGISTERED AGENTS, INC.**  
**10800 BISCAYNE BLVD., LAW DEPT.**  
**#800**  
**MIAMI FL 33161**

7. Name and Address of New Registered Agent  
 Name  
**SKYWATCH REGISTERED AGENTS, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20801 Biscayne Blvd.**  
**Suite 403**  
 City      State      Zip Code  
**Aventura**      **FL**      **33180**

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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <b>BRIDDELL, E. T</b> <b>10800 BISCAYNE BLVD., #800</b> <b>MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>CHAIT, DANIEL M</b> <b>10800 BISCAYNE BLVD., #800</b> <b>MIAMI FL 33161</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHERMAN, STEVE</b> <b>10800 BISCAYNE BLVD., #800</b> <b>MIAMI FL 33161</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VORRATH, DAVID</b> <b>10800 BISCAYNE BLVD., #800</b> <b>MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KALB, MARTIN</b> <b>10800 BISCAYNE BLVD., #800</b> <b>MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>TRIMMER, TERI</b> <b>10800 BISCAYNE BLVD., #800</b> <b>MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR, PRESIDENT</b> <b>ANTHONY M. HAGEN</b> <b>2059 Northlake Parkway</b> <b>Tucker, GA 30084</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>20801 Biscayne Blvd., Ste. 403</b> <b>Aventura, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>20801 Biscayne Blvd., Ste. 403</b> <b>Aventura, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NON-EXECUTIVE EMPLOYEE</b> <b>RICHARD CANNON</b> <b>20801 Biscayne Blvd., Ste. 403</b> <b>Aventura, FL 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO, TREASURER</b> <b>ROBERT KEYES</b> <b>2059 Northlake Parkway</b> <b>Tucker, GA 30084</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>MARK ANDERSSON</b> <b>2059 Northlake Parkway</b> <b>Tucker, GA 30084</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steve Sherman      4/29/02      Date  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CFR20034 (9/01)