

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90074 049 ***150.00

DOCUMENT # P98000080266

1. Entity Name
LIBERATOR MANAGEMENT, INC.

Principal Place of Business

8978 TAFT STREET
PEMBROKE PINES FL 33024

Mailing Address

P O BOX 260864
PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500-205 SCOTIA DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

500-205 SCOTIA DRIVE
 Suite, Apt. #, etc.

City & State
Hypoxo, FL

Zip
33462

Country
USA

City & State
Hypoxo, FL

Zip
33462

Country
USA

4. FEI Number

65-0864335

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAELS, BRUCE
1540 W GOLF VIEW DR
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name
Bruce A. Michaels
Street Address (P.O. Box Number is Not Acceptable)
500-205 SCOTIA DRIVE
City
Hypoxo, FL
Zip Code
33462

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 **Signature, typed or printed name of registered agent and title if applicable.**

(NOTE: Registered Agent signature required when reinstating)

DATE
2/13/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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 | <input type="checkbox"/> Delete |
|-------|-----------------|--------------------|-------------------------|---------------------------------|
| D | MICHAELS, BRUCE | 1540 W GOLFVIEW DR | PEMBROKE PINES FL 33026 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------|-------------------|--------------------|------------------|--|-----------------------------------|
| Director | Bruce A. Michaels | 500-205 SCOTIA DR. | Hypoxo, FL 33462 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
2/13/02

DAYTIME PHONE #
561-488-5100

CR2E034 (9/01)