

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90089 028 ***150.00

DOCUMENT # *P99 00000 7433*

1. Entity Name
BRAND DYNAMICS INC

Principal Place of Business Mailing Address

2. Principal Place of Business *5369 N NIATUS RD* 3. Mailing Address *5369 N NIATUS RD*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *SUNRISE FL* City & State *SUNRISE FL*
 Zip *33351* Country *USA* Zip *33351* Country *USA*

DO NOT WRITE IN THIS SPACE
 4. FEI Number *65-0894753* Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERT SANTORELLI
2541 ARAGON BLVD #112
SUNRISE FL

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City *FL* Zip Code

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

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, 2000 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	<i>0</i> <input checked="" type="checkbox"/> Delete
NAME	<i>ROBERT SANTORELLI</i>
STREET ADDRESS	<i>2720 NEE AVE #4</i>
CITY-ST-ZIP	<i>WILTON MANORS FL 33334</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>0</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>KEISHA A MOCK YEN</i>
STREET ADDRESS	<i>8601 NW 54 CT</i>
CITY-ST-ZIP	<i>LAUDERNHILL FL 33351</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>OLESLIE F SHUSTER</i>
STREET ADDRESS	<i>4174 INVERRARY DRIVE #904</i>
CITY-ST-ZIP	<i>LAUDERNHILL FL 33319</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 life empowered.

SIGNATURE: *KEISHA MOCK YEN* 4/25/00 (954) 747-5240
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #