

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


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90782 008 \*\*\*150.00

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**DOCUMENT # P99000007433**

1. Entity Name  
**BRAND DYNAMICS, INC.**



Principal Place of Business  
**5369 NORTH HIATUS ROAD  
FORT LAUDERDALE FL 33351**

Mailing Address  
**5369 NORTH HIATUS ROAD  
FORT LAUDERDALE FL 33351**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0894753**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANTORELLI, ROBERT**  
**2541 ARAGONY BLVD #112**  
**WILTON MANORS FL 33334**

7. Name and Address of New Registered Agent

Name **K & K ACCOUNTING + TAX SERVICE**

Street Address (P.O. Box Number is Not Acceptable)  
**2825 N. UNIVERSITY DR., STE # 410**

City **COVINGTON** State **LA** Zip Code **70032**

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 **DEN KENT, PRESIDENT/CFO**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOCKVEN, KEISHA A</b>	
STREET ADDRESS	<b>8601 NW 54 COURT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33351</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHUSTER, LESLIE F</b>	
STREET ADDRESS	<b>4174 INVERRARY DRIVE #904</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33319</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOCKYEN, KEISHA</b>	
STREET ADDRESS	<b>5808 NW 57 AVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33319</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUSTER, LESLIE</b>	
STREET ADDRESS	<b>4717 NW 67th AVE</b>	
CITY-ST-ZIP	<b>LAUDERHILL, FL 33319</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **4/10/2003 (954) 747-5240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)