


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

DOCUMENT # P99000021755

1. Entity Name
FOUNDATION I, INC.



11016915

Principal Place of Business Mailing Address
 5601 COPORATE WAY SUITE 104 5601 COPORATE WAY SUITE 104
 WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 US



2. Principal Place of Business 3. Mailing Address
 5601 Corporate Way 5601 Corporate Way
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 404 Suite 404

CHECK HERE IF MAKING CHANGES

City & State City & State
 West Palm Beach FL West Palm Beach FL

Zip Country Zip Country
 33407 US 33407 US

4. FEI Number Applied For
 65-0905580 Not Applicable

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

6. Name and Address of Current Registered Agent
 WAXMAN, BRIAN K ESQ.
 6601 COPORATE WAY SUITE 104
 WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent
 Name: Waxman, Brian K Esq.
 Street Address (P.O. Box Number is Not Acceptable):
5601 Corporate Way Suite 404
 City: West Palm Beach FL Zip: 33407

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: [Signature] DATE: 4/17/03

FILE NOW! FEE IS \$150.00
 After May 1, 2003 Fee will be \$650.00
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WAXMAN, BRIAN K ESQ. 5601 COPORATE WAY WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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] DATE: 4/17/03 5816875800

CR2EC34 (10/02)