

2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P99000065703

**Entity Name**  
Normandy Park Holdings, Inc

**Principal Place of Business**  
11110 North 56th Street

**Mailing Address**

**2. Principal Place of Business**

**3. Mailing Address**

**State, Apt. #, etc.**

**City & State**  
Temple Terrace, FL

**City & State**

**4. FEI Number**  
59-0690405

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

Amendment

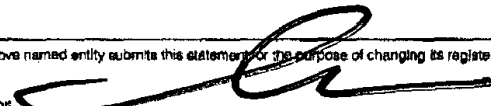
FILED  
01 DEC 10 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Ballast Point Mgmt Svcs  
11300 4th St, North, Ste 200  
St. Petersburg, FL 33716

**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  DATE

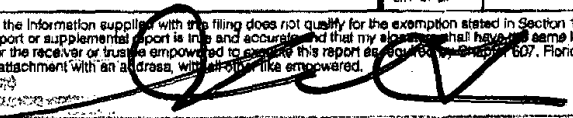
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PRESIDENT STEVEN GREEN 405 TARRYTOWN RD #121 White Plains NY 10607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 60000474 -12/28/01--01090--004 *****61.25 *****61.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 provided in Section 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or as an attachment with an address, with or without like empowerment.

SIGNATURE:  12-4-01 (914) 968-3157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREATED (11/19/01)