


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91510 019 ***150.00

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

DOCUMENT # P99000070836			10089732
1. Entity Name CONTENTS, INC.			
Principal Place of Business % OLIVER J LANGSTADT, ESQ. 815 PONCE DE LEON BLVD, CORAL GABLES, FL 33134		Mailing Address % OLIVER J LANGSTADT, ESQ. 815 PONCE DE LEON BLVD, CORAL GABLES, FL 33134	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address % Oliver J. Langstadt, Esq. 815 Ponce de Leon Blvd, Suite P-201 Coral Gables, FL 33134 Miami Dade	
City & State		4. FEI Number 65-1061159 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGSTADT, OLIVER J ESQ. 815 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES, FL 33134		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PTD GROSSMANN, HEINER SCHOENWASSERSTRASSE 12 47800 KREFELD, GERMANY, <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SVD ORLOWSKI, BARBARA SCHOENWASSERSTRASSE 12 47800 KREFELD, GERMANY, <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 507, 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: <i>Heiner Grossmann</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/31/03 _____ <small>Date Daytime Phone #</small>	

CR2E034 (10/02)