

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90157 022 \*\*\*150.00

DOCUMENT # P99000092624  
1. Entity Name  
RNA MANAGEMENT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>3700 Airport Road</u> Suite, Apt. #, etc. <u>suite 401</u>		3. Mailing Address <u>same</u> Suite, Apt. #, etc.	
City & State <u>Boca Raton FL</u>		City & State	
Zip <u>33431</u>	Country <u>USA</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0956286</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>Rodney BALAIS</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3700 Airport Road suite 401</u>
City <u>Boca Raton</u> <b>FL</b> Zip Code <u>33431</u>

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 \_\_\_\_\_ (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. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD Balais, Rodney 3700 Airport Rd. #401 Boca Raton FL 33431</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RB 4/22/01 561-391-1054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #