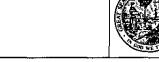
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S93494

1. Entity Name CHROMEWORKS INC.



				NE IF	9				
Principal Place of Business 2750 NORTH 29 AVE. SUITE 310 HOLLYWOOD FL 33020		2750) Suite	Mailing Address 2750 NORTH 29 AVE. SUITE 310 HOLLYWOOD FL 33020					(1 41 81% B181) 18 9 1	
2. Principal F	lace of Business	3. Mail	3. Mailing Address						
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	e	City	City & State			FEI Number 65-0301348		Applied For Not Applicable	
Zip	Country	Zip		Country	5.	Certificate of Status Desired	\$8.75 / Fee Requ	Additional	
	6. Name and Address of Cu				7.	Name and Address of New Regist	ered Agent		
GROSSMAN, ALEX 2750 NORTH 29 AVE. SUITE 310					Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33020				City			FL Zip C	ode	
	named entity submits this statemions of registered agent.	nent for the purpo	ose of changing its r	registered office or reg	istered aç	gent, or both, in the State of Florida.	l am familiar wi	th, and accept	
SIGNATURE .	Signature, typed or printed name of registered	d agent and title if appl	icable. (NOTE:	Registered Agent signature re-	quired when r	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				-		Election Campaign Financin Trust Fund Contribution.		i.00 May Be ded to Fees	
10.	OFFICERS	AND DIRECTO	RS	11.	At	ODITIONS/CHANGES TO OFFICERS	S AND DIRECTO	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSMAN, ALEX 4710 SW 57 AVE. DAVIE FL	- '	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSMAN, MIRIAM 4710 SW 57 AVE. DAVIE FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ب چون ده وسوه		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition	

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:

Apr 11, 2003 8:00 am Secretary of State