2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31938

1. Entity Name

FILED Jan 18, 2000 8:00 am Secretary of State

	A3 FOUNDATION INC.			01-1	8-2000 90041 00	1 ****61.25		
Principal Plac	e of Business	Mailing Address	-					
1601 FORUM PLACE SUITE P-2		1601 FORUM PLACE SUITE P-2						
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W PALM BEACH FL 33401 US		W PALM BEACH FL 33401-8101 US		4 100410004 10	40	outle		
2. Principal Place of Business		3. Mailing Address						
		5. Walling Address		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\			IAT BSBS A 1 88 5	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	4. FEI Number 65-0212651 Applied For Not → 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Regist			
		Name						
			Street Add	dress (P.O. Box Number	is Not Acceptable)	<u>· · · · · · · · · · · · · · · · · · · </u>		
THE PRENTICE-HALL CORPORATION SYS		EM INC						
1201 HAY SUITE 105								
	SSEE FL 32301		City			FL Zip Cod	е	
	named entity submits this statement for	r the eveness of changing its	registered office or re	pointered agent or both	in the state of Florida	<u> </u>		
b. The above	e named entity submits this statement to	the purpose of changing its	registered dirice of it	egistered agent, or both,	in the state of indicat.			
SIGNATURE .						DATE		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signature	required when reinstating)		DATE .		
		S Floation Communication	Classian	05.00	Males Ob	and Davide to		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5 Trust Fund Contribution.		\$5.00 May Be Added to Fees	.00 May Be Make Check Payable to Department of State			
	FEE 13 \$01.23				Борон	mont of otato		
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10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS A	ND DIRECTORS IN	10	
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Therefore 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address will all other like empowered.

IGNATURE:

| Comparison | Comp

SIGNATURE: