

Sent By: TMSC;

3054707508;

Apr-:

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am Secretary of State

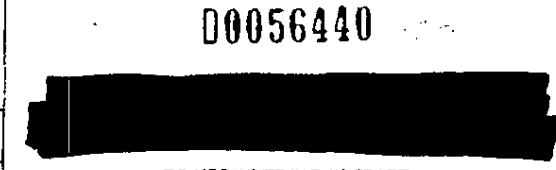
05-22-2001 90626 011 ***150.00

DOCUMENT # P00000112901

1. Entity Name
1307 INC.

Principal Place of Business 7925 NW 12TH STREET SUITE 318 MIAMI FL 33126	Mailing Address 7925 NW 12TH STREET SUITE 318 MIAMI FL 33126
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



00056440

DO NOT WRITE IN THIS SPACE

4. FEI Number 651060614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARDALE, TERRY ALLEN 7925 NW 12TH STREET SUITE 318 MIAMI FL 33126	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 _____ (NOTE: Registered Agent's signature required when submitting)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARDALE, TERRY ALLEN 7925 NW 12TH STREET SUITE 318 MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Block 12 if changed, or on an attachment with an address, with all other like emphasized.

SIGNATURE _____ DATE **4/30/01**

CR20034 (1-0-00)