## 2003 FOR PROFIT CORPORATION

## FILED Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) F97000006781 **DOCUMENT #** 1. Entity Name 04-28-2003 90491 035 \*\*\*150.00 39 ACRE CORP. Principal Place of Business Mailing Address 122 E 42ND ST., STE 1448 /6/8 122 E 42ND ST., STE 14:16 /6 /8 NEW YORK NY 10168 **NEW YORK NY 10168** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. /6/8 ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 13-3968865 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOLINER, NATHANIEL ESQ Street Address (P.O. Box Number is Not Acceptable) CARLTON, FIELDS, ET AL. 777 S. HARBOUR ISLAND BLVD TAMPA FL 33602-5799 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE TITLE ☐ Delete FIELDS, DOUGLAS P NAME NAME % TDA INDUSTRIES, INC., 122 E. 42ND ST STREET ADDRESS STREET ADDRESS **NEW YORK NY 10168** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE VTS □ Delete TITLE FRIEDMAN, FREDERICK M NAME NAME % TDA INDUSTRIES, INC., 122 E. 42ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10168** CITY-ST-ZIP TITLE ASAT ☐ Delete TITLE ☐ Change Addition NAME MANNO, LUCILLE NAME % TDA INDUSTRIES, INC., 122 E. 42ND ST STREET ADDRESS STREET ADDRESS **NEW YORK NY 10168** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete DD F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP