2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 327198

1. Entity Name

SAM FISHMAN, INC.

Principal Place of Business
413 S. MACDILL AVENUE
TAMPA FL 33609

Mailing Address
413 S. MACDILL AVENUE
TAMPA FL 33609

□ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-1265500 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired □ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
FISHMAN, SAMUEL E 413 S. MACDILL AVENUE TAMPA FL 33609	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. 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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. □ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME FISHMAN, SAMUEL STREET ADDRESS 85 MARTINQUE ST. CITY-ST-ZIP TAMPA FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE ST NAME FISHMAN, ELINOR R. STREET ADDRESS 85 MARTINQUE ST. CITY-ST-ZIP TAMPA FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition

CR2E034 (10/02)

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.

813-258-2981

SIGNATURE: _SIGNATURE_ SAMUEL E FISHMAN 01-11-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #