2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country 8. Certificate of Status Decired S8. 75 Additional Fee Regulated 6. Name and Address of Durrent Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent EPSTEIN, KATHRYN LOUISE SUFE 300 1516 N. FEDERAL HIGHWAY Name Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 35452 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) B. The store named entity submits the address of egistered office or registered agent, or both, in the State of Florida. Jam famber with, and acceptable) SIGNATURE City FL Zip Code SIGNATURE Graves rysol or instand agenesizer agenesiser and the purpose of changing its registered agent, or both, in the State of Florida. Jam famber with, and acceptable) SIGNATURE Graves rysol or instand agenesizer agenesiser entertables Date SIGNATURE Graves rysol or instand agenesizer agenesiser entertables Date SIGNATURE State Address for a state agenesiser agenes	DOCUME	NT #458227 ALTY ON THE PARK, IN				y 01 State 78 036 ***150.00
Suite, Apl. 4, etc. Suite, Apl. 4, etc. City & State City & State City & State City & State App. etc. 7% Zip Country Zip Country Zip Country S. Certificate of Status Desired SR 75, AddStront EVENTS Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVENTS State Name State Address of New Registered Agent Name EVENTS State Address of New Registered Agent 7. Name and Address of New Registered Agent Name EVENTS State Address of New Registered Agent 7. Name and Address of New Registered Agent State Address of New Registered Agent EVENTS State Address of New Registered Agent 7. Name and Address of New Registered Agent State Address of New Registered Agent BOCA RATON, FL State Address of New Registered Agent State Address of New Registered Agent State Address of New Registered Agent BOCA RATON, FL State Address of New Registered Agent State Address of Registered Agent City FL Zp Code State Address of New Registered Agent agent of toth, new Regis	1515 N, FEDERAL I Suite 300	HWY	1515 N. FEDERAL HWY Suite 300	2 US		1 91017 93971 01011 91611 91631 1861
City & State City & State 4. FB Number Applied For Zip Country Zip Country R. Centroste of Status Desired \$8,75 Additional EPSTEIN, KATHRYN LOUISE SUITE 300 Street Additess (P.O. Dox Number is Not Acceptable). Street Additess (P.O. Dox Number is Not Acceptable). BOCA RATON, FL Street Additess (P.O. Dox Number is Not Acceptable). Street Additess (P.O. Dox Number is Not Acceptable). SIGNATURE Street Additess (P.O. Dox Number is Not Acceptable). Street Additess (P.O. Dox Number is Not Acceptable). BOCA RATON, FL Zip Code Street Additess (P.O. Dox Number is Not Acceptable). Street Additess (P.O. Dox Number is Not Acceptable). SIGNATURE Figure 1 (padd quick unare impactable) Street Additess (P.O. Dox Number is Not Acceptable). Street Additess (P.O. Dox Number is Not Acceptable). SIGNATURE Figure 1 (padd quick unare impactable) City T.E. Zip Code SIGNATURE Figure 1 (padd quick unare impactable) Grade 10 (padd quick unare impactable) Street Additess (P.O. Dox Number is Not Acceptable) SIGNATURE PD Code 10 (padd quick unare impactable) Street Additess (P.O. Dox Number is Not Acceptable) SIGNATURE Street Additess (P.O. Dox Number is Not Acceptable) Street Additess (P.O. Dox Number is Not Acceptable) SIGNATURE Street Addite Tores Int Inte Integrated quick unare impacta	2. Principal Place of	of Business	3. Mailing Address			
Zip Country Zip Country Zip Country S. Certificate of Status Desired SR. 75 Additional Poc Regulation Foc Name Status Desired SR. 75 Additional Poc Regulation Foc Name Poc Name Po						
Image: non-start Book Address of Dument Registered Agent 7. Name and Address of New Registered Agent EPSTEIN, KATHKYN LOUISE SUITE 300 131 me 165 N, FEDERAL HIGHWAY BOCA RATON, FL 33452 Street Address (P.O. Dox Number is Not Acceptable). B. The stove numed entity subhits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Postda. I am familiar with, and acceptable or agent or state of postda. I am familiar with, and acceptable or agent or state of postda. I am familiar with, and acceptable or agent or state of postda. I am familiar with, and acceptable or agent o						Not Applicable
EPSTEIN, KATHRYN LOUISE Name SUET 300 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL S3452 City E. The stove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. J am familiar with, and acceptable) SICHATURE Execute syndop prints and adjusted agent. SICHATURE Execute syndop prints and adjusted agent and its Topication. (MOE State State of Plorida. J am familiar Topication. (MOE Registered agent, or both, in the State of Florida. J am familiar with, and acceptable) SICHATURE Execute syndop prints and adjusted agent and its Topication. (MOE Registered agent, or both, in the State of Florida. J am familiar with, and acceptable) SICHATURE Execute syndop prints and adjusted agent and its Topication. (MOE Registered agent, or both, in the State of Florida. J am familiar agent with a dog to prints. SICHATURE Execute syndop prints and adjusted agent and its Topication. (MOE Registered agent, or both, in the State of Florida. J am familiar agent with a dog to prints. SICHATURE Execute syndop prints and adjusted agent and its Topication. (MOE Registered agent, or both, in the State of Florida. J am familiar agent and its Poplation. International amed and the prints. State Addition. (MOE Registered agent, or both, in the State of Florida. J am familiar agent and its Poplation. International amed and the prints. State Addition. (MOE Registered Addition. </td <td></td> <td></td> <td></td> <td>Country</td> <td></td> <td>Fee Required</td>				Country		Fee Required
SUTE 300 Store A REDERAL HIGHWAY BOCA RATON, FL 33452 City FL 20 Dox Number is Not Acceptable) City FL 22 Code City FL 2		·····	t Registered Agent	Name	7. Name and Address of New Registen	ed Agent
City FL Zip Code B. The store named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Parital. J am familiar with, and acce the obligations of registered agent. State Agent agen	SUITE 300 1515 N. FEDERA		ی با دی پیشمہ سال ا	Street Address	P.O. Box Number is Not Acceptable)	
be obligations of registered agent. SIGNATURE Equilation synaptic prime and registered agent and its tapped and Agent stynesure experied when streaming. DATE Signal and synaptic prime and streaming instruction and streaming. DATE Signal and synaptic prime and streaming instruction. Colspan="2">Added to Fees The PD Thit is a SSD for the synaptic prime instruction. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Clearge Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Clearge Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Clearge Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Clearge Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Clearge Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Clearge Added to Fees <td>,</td> <td></td> <td></td> <td>ay</td> <td>F</td> <td></td>	,			ay	F	
Ensure 1, yead or printed wanted in glanked agent and if it 2 publication. (MOTE: Regimental Agent Signature acquired, when eisenaid) DATE 			or the purpose of changing it	s registered office or registe	red agent, or both, in the State of Florida. 1.	am familiar with, and accept
10. 2. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD		jD.199 weithy and on printed surrel of registered ages	i and tille if applicable. (NO	TE: Baylciantid Agant Signatuse raquint	st when minstaning) DAT	
ITTLE PD □ Delene TTTLE □ Delene TTTLE ISTMET ADDRESS 1515 N. FEDERAL HWY, SUITE 300 STARET ADDRESS CdY - ST - 2/P □ Delene TTTLE □ Change □ Addata ITTLE S □ Delene TTTLE □ Change □ Addata ITTLE S □ Delene TTTLE □ Change □ Addata ITTLE S □ Delene TTTLE □ Change □ Addata ITTLE S □ Delene TTTLE □ Change □ Addata ITTLE S □ Delene TTTLE □ Change □ Addata ITTLE S □ Delene TTTLE □ Change □ Addata ITTLE S □ Delene TTTLE □ Delene □ Delene <td>file After wer Naue offer Ast</td> <td>Nowin Hitle is sing of Tunos requires sing of ane is formation errority ane is formation</td> <td>40 Šiau</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td>,</td> <td>\$5.00 May Be Added to Fees</td>	file After wer Naue offer Ast	Nowin Hitle is sing of Tunos requires sing of ane is formation errority ane is formation	40 Šiau	· · · · · · · · · · · · · · · · · · ·	,	\$5.00 May Be Added to Fees
HAME EPSTEIN, KATHRYN LOUISE IN AUE STRET ADDRESS 1515 N. FEDERAL HWY, SUITE 300 STRET ADDRESS CITY-ST-2IP BOCA RATON, FL Citarge Address StreEt ADDRESS 1515 N. FEDERAL HWY, SUITE 300 STRET ADDRESS 1516 N. FEDERAL HWY, SUITE 300 STRET ADDRESS 1516 N. FEDERAL HWY, SUITE 300 STRET ADDRESS CITY-ST-2IP BOCA RATON, FL Citarge Address StreEt ADDRESS CITY-ST-2IP BOCA RATON, FL Citarge Address StreEt ADDRESS CITY-ST-2IP CITARE STREET ADDRESS CITY-ST-2I	(OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS /	
TITLE S Delete TITLE Change Addition NAME EPSTEIN, KATHRYN LOUISE Name Statet Abbress CGV-st-2iP CGV-st-2iP <t< td=""><td>NAME EPS</td><td>5 N. FEDERAL HWY, SUITE</td><td></td><td>NAME STREET ADDRESS</td><td></td><td>Change Attrition</td></t<>	NAME EPS	5 N. FEDERAL HWY, SUITE		NAME STREET ADDRESS		Change Attrition
striket Abbress GITV-S1-2P BOCA RATON, FL CITV-S1-2P C	ITLE S		Delete	TITLE		Change Addition
NAME STREET ADDRESS CITV-ST-2P INTLE CIT	STREET ADDRESS 1515	5 N. FEDERAL HWY, SUITE	300	STREET ADDRESS		
ITILE Delete TTILE Change Atdition ITILE Delete TTILE City-st-zie City-st-zie ITILE Delete TTILE Change Addition Itile Delete TTILE Change Addition Itile Delete TTILE Change Addition	11ANE		Deiane	NAME		Change Atlaktion
CITY-ST-2P CITY-ST-2P TITLE Delete TITLE Change Addit NAME NAME	10LE + 1		. Delete	TITLE		Change Addition
name nume						
CITY-ST-2IP	HAME STREET ADDRESS	-	Delete	NAUME STREET ADDRESS		Change 🛄 Addition
	TITLE NAME		🗋 Delme	TIFLE NAME		🗋 Chenge 🔲 Addition
CITY-ST-ZP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, table ell other tike empowered.	12. I hereby certify indicated on thi	is report or supplemental report i	is true and accurate and that	n the exemption stated in Se my signature shall have the	same legal effect as if made under oath; that	t I am an officer or director
SIGNATURE: Scalable and TYPE ON MANT CALORER OF SIGNAL CONSIGNATION AND THE CONSIGNATION OF SIGNAL CONSIGNATION OF SIGNATION OF SIGNAL CONSIGNATION OF SIGNAL CO		F. X SS	X	President	- 4/25/03 5	561-394-27:

FILED Apr 28, 2003 8:00 am Secretary of State