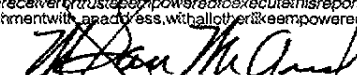


FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT# 716755 1. Entity Name LAUDERDALEBYTHESEALIONSEYEFFOUNDATION, INC.						
Principal Place of Business 4442 SEA GRADE DR. LAUDERDALE BY THE SEA, FL 33308 US		Mailing Address 4442 SEA GRADE DR. LAUDERDALE BY THE SEA, FL 33308 US				
DO NOT WRITE IN THIS SPACE						
		 01292004 NoChg-NP CR2E037 (10/03) <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEINumber 23-7036268</td><td style="width:20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEINumber 23-7036268	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEINumber 23-7036268	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent SANMIGUEL, MIKE 4442 SEAGRAPE DR. LAUDERDALE BY THE SEA, FL 33308		DO NOT WRITE IN THIS SPACE				
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 obligation of registered agent. SIGNATURE _____ DATE _____ Signature, type or print name of registered agent and file if applicable. (NOTE: Registered Agent signature required when installing)						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 000000049959 03/31/04-80026-014 61.25				
10. OFFICERS AND DIRECTORS						
TITLE	P/D	DO NOT WRITE IN THIS SPACE				
NAME	PEARSON, NELS					
STREET ADDRESS	3100 NE 49TH TERR					
CITY - ST - ZIP	FT. LAUDERDALE, FL					
TITLE	D					
NAME	SANMIGUEL, MICHAEL					
STREET ADDRESS	4442 SEAGRAPE DR					
CITY - ST - ZIP	LAUDERDALE BY SEA, FL					
TITLE	D					
NAME	NELS PEARSON					
STREET ADDRESS	3100 NE 49TH TERR					
CITY - ST - ZIP	FT. LAUDERDALE, FL					
TITLE	D	DO NOT WRITE IN THIS SPACE				
NAME	ZIO, JOHN DEL					
STREET ADDRESS	7045 NW 72ND TERRACE					
CITY - ST - ZIP	BOCARATON, FL 33487					
TITLE		DO NOT WRITE IN THIS SPACE				
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE		DO NOT WRITE IN THIS SPACE				
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a copyless, with all other like empowered.						
SIGNATURE:  SIGNATURE (AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		3/25/04 954 647 7752 Date Daytime Phone				