

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000004058

FILED
Sep 24, 2002
Secretary of State

Entity Name: DREAMS OF UTAH, INC.

Current Principal Place of Business:

5009 HIATUS ROAD
SUNRISE, FL 33351

New Principal Place of Business:

TWO SOUTH UNIVERSITY DRIVE
SUITE 325
PLANTATION, FL 33324

Current Mailing Address:

5009 HIATUS ROAD
SUNRISE, FL 33351

New Mailing Address:

TWO SOUTH UNIVERSITY DRIVE
SUITE 325
PLANTATION, FL 33324

FEI Number: 87-0368170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TANNENBAUM, ROSS
Address: 5009 HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: VINER, MARK
Address: 5009 HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: CD () Delete
Name: BATTISTONE, SAM
Address: 5009 HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: LARSSON, DALE
Address: 5009 HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: MARINO, DAN
Address: 5009 HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: SCHIFFMAN, ROGER
Address: 5009 HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK VINER

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09/24/2002

Electronic Signature of Signing Officer or Director

Date