FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Aug 08, 2002 8:00 am Secretary of State

DOCU 1. Entity Nar	JMENT# F0100000 me Metro Horizon Pr		s Inc.	/		08-08-2002 90093	014 ***338.73	
	DO NOT WRITE	IN THI	S SP	ACE		973	18%	
2. Principal Place of Business 3. Mailing Address 3920 SW 185 Th Ave 62 Parkwood				הוות		,	•	
Suite, Apt		62 Parkwood Blvd Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Sta Mirama	te FL	City & State Poughkeepsie, NY			4. 2:	FEI Number 2 – 3 7 3 0 2 7 0	Applied For Not Applicable	
33029	Country Broward	12603		Country utchess	5.	Certificate of Status Desired X	\$8.75 Additional Fee Required	
		<u>L</u>			7. N	ame and Address of Current Registered		
	DO NOT 140			Name	Richar	ard A. LaRusso		
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) 3920 SW 185 Th Ave				
				City M	iramaı	r FL	Zip Code 33029	
8. The above	e named entity submits this statement for	the purpose of cha	enging its req	gistered office or	registered ag	gent, or both, in the State of Florida.		
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SIGNATURE	Richard A. LaRus Signature, typed or printed name of registered agent ar	nd title if applicable.	(NOTE: Re	egistered Agent signatur	e required when r	einstating) DATE		
Tax filling requirement and elects to do so. After May 1 Amended				y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of State		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D							
TITLE	C Richard A. LaRus		•	TITLE	•			
NAME STREET ADDRESS	3920 SW 185 Th A		·	NAME STREET ADDRESS				
CITY-ST-ZIP	Miramar, FL 3302			CITY-ST-ZIP	,			
TITLE	S			TITLE				
NAME STREET ADDRESS	Erik Prescott			NAME STREET ADDRESS				
CITY-ST-ZIP	62 Parkwood Blvd Poughkeepsie, NY	12603		CITY-ST-ZIP				
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NAME	·			NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard A. LaRusso