

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90780 024 \*\*\*150.00

<b>DOCUMENT #</b> F01000005989	
<b>1. Entity Name</b> FLY ON INC.	

**DO NOT WRITE IN THIS SPACE**

**14018727**

<b>2. Principal Place of Business</b> C/O HABER CORP Suite, Apt. #, etc. 16830 VENTURA BL #501 City & State ENCINO, CA Zip 91436 Country USA	<b>3. Mailing Address</b> C/O HABER CORP Suite, Apt. #, etc. 16830 VENTURA BL #501 City & State ENCINO, CA Zip 91436 Country USA
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**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 58-2641300	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name C T CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
City PLANTATION	Zip Code FL 33324

**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** \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> ROSSINGTON, GARY	<b>TITLE</b>	
<b>STREET ADDRESS</b> 16830 VENTURA BLVD. #501		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> ENCINO, CA, 91436		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> V	<b>NAME</b> POWELL, WILLIAM	<b>TITLE</b>	
<b>STREET ADDRESS</b> 16830 VENTURA BLVD. #501		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> ENCINO, CA, 91436		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> T	<b>NAME</b> VAN ZANT, JOHNNY	<b>TITLE</b>	
<b>STREET ADDRESS</b> 4619 PLYMOUTH ST		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> JACKSONVILLE, FL, 32205		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> S	<b>NAME</b> HABER, GARY	<b>TITLE</b>	
<b>STREET ADDRESS</b> 16830 VENTURA BLVD. #501		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> ENCINO, CA, 91436		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address; with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **SECRETARY** **4/27/04** **818-783-9200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #