FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # F01000005989 1. Entity Name					04-28-2003 91326 006 ***150.00					
FLY ON INC.										
LILI ON	INC.		\mathcal{A}							
	DO NOT WRITE	IN THIS SPACE	<u> </u>		1					
•	DO NOT WINTE		<u> </u>							
•										
2. Principal Pl	ace of Business	3. Mailing Address			1					
C/O HAB	BER CORP	C/O HABER (CORP		4					
Suite, Apt. #, etc. 16830 VENTURA BL #501_		Suite, Apt. #, etc. 16830 VENTURA BL #501				DO NOT WRITE	IN THIS SPAC	E		
City & State		City & State			4. FEI			Applied For	_	
ENCINO,	CA	ENCINO, CA	Countr			641300	\$8.	Not Applica 75 Additional '		
91436	US	91436	US			ificate of Status Desired	Fee_	Required	_	
* **	DO NOT WRITE IN TI	HIS SPACE		Name 7	7. Name a	nd Address of Current F	Registered Ag	ent	_	
					CORPORATION-SYSTEM					
					Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
	•			City PLANTAT	rion			p Code 3324		
	named entity submits this statemen	t for the purpose of chang	ging its reg			agent, or both, in the State	of Florida. I a	m familiar with,		
and accept	the obligations of registered agent.									
SIGNATURE_						<u>-</u>			_	
S	Signature, typed or printed name of regist	ered agent and title if applica	ble. (f	NOTE: Registered A	Agent signatu	re required when reinstating)		DATE	4	
A	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25				9.	Election Campaign Final Trust Fund Contribution.		\$5.00 May I Added to Fee		
	Payable to Florida Department of	State								
10.	OFFICERS AND D	IRECTORS				<u> </u>			–∤ૄે	
TITLE NAME	P ROSSINGTON, GAR	Y	TITLE	i i					12	
STREET ADDRESS	16830 VENTURA B	LVD. #501		ET ADDRESS					88	
	ENCINO, CA, 914 V	36	_	- ST - ZIP					CR2E034B (12/02)	
TITLE NAME	POWELL, WILLIAM	1	TITLE NAME				•		5	
STREET ADDRESS	5730 SWAMP FOX RD			STREET ADDRESS					1	
		L, 32210	_	- ST - ZIP		1		····		
TITLE NAME	T VAN ZANT, JOHNN	Υ	TITLE			•				
	4619_PLYMOUTH_ST			ET ADDRESS						
CITY - ST - ŽIP		L, 32205		- ST - ZIP	. DC	NOT WRITE IN	1 HIS SI	ACE		
TITLE NAME	S HABER, GARY		TITLE Name	-		•	•		1	
	16830 VENTURA B	LVD. #501		ET ADDRESS		•	ë		.	
CITY - ST - ZIP	ENCINO, CA, 914	36	_	- ST - ZIP	- .		· .		 ∙	
TITLE			TITLE	Į.	*					
NAME STREET ADDRESS				ET ADDRESS		15				
C/TY - ST - Z/P			City	- ST - ZIP					_	
TITLE			TITLE	l'		•	.a			
NAME STREET ADDRESS			NAME STRE	ET ADDRESS				,		
CITY - ST - ZIP		•	CITY	- ST - ZIP					_	
12. I hereby cer	rtify that the information supplied wi	th this sting does not qual	lify for the	exemption stated	I in Section	119.07(3)(i). Florida Stati	utes. I further	certify that the	.	
an officer or	indicated on this report of surplem r director of the corporation or the ri	eceiver or trustee empowe	ered to ex	ecute this report a	as required	ive uie same regal епеста I by Chapter 607, Florida S	s ii made und Statutes; and t	ar oaur, marr an hat my name	"	
appears in	Block 10 or on an attachment with	address, with all other	like empo	wered.						
SIGNATU				ETARY	_	4/23/03		<u> 183 - 920 (</u>	<u>)</u>	
	SIGNÁTURE AND TYPED OF	R PRINTED NAME OF SIGI	NING OFFI	CER OR DIRECTO	OR -	- Date	Daytime Pho	ne #	1 1	