# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

# FILED May 14, 2003 8:00 am Secretary of State

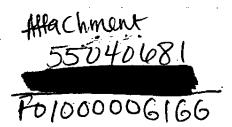
DOCUMENT # F0100006166  1. Entity Name NITRAM OWNERSHIP, INC.			04-16-2003 90166 030 ***150.00
Principal Place of Business Mailing Address 5321 HARTFORD STREET PO BOX 2968 TAMPA FL 33619 TAMPA FL 33601			25040881
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FO 1 - 800006 166
City & State	City & State	<del>-</del>	4. FEI Number APPLIED FOR Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
. 6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
FOSTER, MATTHEW J ESQ.  400-N. TAMPA-STREET 20 2 Source 100 SUITE 2700	TH ROME		(P.O. Box Number is Not Acceptable)
TAMPA FL 33862 33606		City	FL Zip Code
SIGNATURE  Signature, typed or printed name of registered agent  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of		TE: Pagistered Agent signature require.	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33619	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  SEZE ATT ACHTE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition  EE ATTACHED
TITLE NAME STREET ADDRESS (ITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change - ☐ Addition ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
title name street address city-st-zip	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with	Delds	TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption stated in Se	Change Addition  Ction 119.07(3)(i), Florida Statutes. I further certify that the information came legal effect as if made under path; that I am an efficer or director.

Thereby certify that the information supplied with this land does not quality for the exemption stated in Section 119.07(3)(i). Forida Statutes. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGN TENED PRINTED HAVE OF SKING OFFICER ON DIRECTOR

4/10/03 813 626 2181



## **OWNERSHIP INC.**

### CORP/SAME AS DELAWARE NITRAM HOLDINGS INC.)

#### NAME OF OFFICERS/DIRECTORS

Steven E. Plotnick Alex Reyter Edgar Davis Alex Nester Igor Olshanskiy Alex Rovt Steven Sisselman

#### **ADDRESS**

950 Third Avenue, 25th Floor 950 Third Avenue, 25th Floor Will Duke Road 950 Third Avenue, 25th Floor 950 Third Avenue, 25th Floor 950 Third Avenue, 25th Floor 5321 Hartford Street

#### CITYISTATE

New York, NY 10022 New York, NY 10022 Wauchula, FL 33873 New York, NY 10022 New York, NY 10022 New York, NY 10022 Tampa, FL 33619

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