

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90068 001 ***183.75

DOCUMENT # F02000000245



1. Entity Name
SUMMERTIME ACTIVITIES INC.

Principal Place of Business Mailing Address
584 COLUMBUS AVENUE THORNWOOD NY 10594

55005418



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business **590 COLUMBUS AVENUE**
Suite, Apt. #, etc.

3. Mailing Address **590 COLUMBUS AVENUE**
Suite, Apt. #, etc.

City & State **THORNWOOD NY**
Zip **10594** Country **U.S.A.**

City & State **THORNWOOD NY**
Zip **10594** Country **U.S.A.**

4. FEI Number **06-1500537** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	DIAZ-TORRE, EMILIO	
STREET ADDRESS	393 DERBY AVENUE	
CITY-ST-ZIP	ORANGE CT 06477	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SLINEY, MICHAEL	
STREET ADDRESS	10211 NORTON ROAD	
CITY-ST-ZIP	POTOMAC MD 20854	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SABADELL, JUAN	
STREET ADDRESS	584 COLUMBUS AVENUE	
CITY-ST-ZIP	THORNWOOD NY 10594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER KIM	
STREET ADDRESS	590 COLUMBUS AVENUE	
CITY-ST-ZIP	THORNWOOD, NY 10594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEW VAN SMOORENBURG	
STREET ADDRESS	590 COLUMBUS AVENUE	
CITY-ST-ZIP	THORNWOOD, NY 10594.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, 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: SIGNATURE REQUIRED 1/21/03 (914) 773-1868

CR2E037 (10/02)