

FILED

03 JUL 30 PM 2:50

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F94000002315

1. Entity Name
TIMEFRAME, INC.

Principal Place of Business
**140 W. TROPICAL WAY
PLANTATION, FL 33317**

Mailing Address
**140 W. TROPICAL WAY
PLANTATION, FL 33317**

2. Principal Place of Business
2900 N.E. 23rd PLACE
Suite, Apt. #, etc.

3. Mailing Address
2900 N.E. 23rd PLACE
Suite, Apt. #, etc.

4. FEI Number
31-0974001

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

6. Name and Address of Current Registered Agent
**NAWALANIC, JOHN
140 W. TROPICAL WAY
PLANTATION, FL 33317**

7. Name and Address of New Registered Agent
**2900 N.E. 23rd PLACE
POMPANO BEACH, FL. 33062**

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]* DATE **7-28-03**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete NAWALANIC, JOHN 140 W. TROPICAL WAY PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete NAWALANIC, SHARON 140 W. TROPICAL WAY PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N.E. 23rd PLACE POMPANO BEACH, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N.E. 23rd PLACE POMPANO BEACH, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000021940900 07/30/03--01053--001 ***\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 *[Signature]* DATE **7-28-03 (954) 788-5441**

JOHN E. NAWALANIC



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Address Chg. only

9/7/30