FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

	MENT# P940	0000032	218 L	05-27-2002 90420	0 003 ***150.00
1. Entity Na					
1001 I	NVESTMENTS INC.				
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D	O NOT WRITE	IN THIS SP	ACE		
	Place of Business 62ND ST.	3. Mailing Address 35 E. 62ND	ST.		
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc. ATTN: TAX D	EPT.	DO NOT WRITE IN THIS SPACE	
City & Sta NEW YO		City & State NEW YORK, N	ΙΥ	4. FEI Number 13-3773906	Applied For Not Applicable
Zip 10021	Country USA	Zip 10021	Country USA	Certificate of Status Desired	\$8.75 Additional Fee Required
		·		7. Name and Address of Current Registere	d Agent
	DO NOT WI	RITE	Street Addres	ce-Hall Corporation s (P.O. Box Number is Not Acceptable)	System Inc.
	IN THIS SP	ACE	110 11.	Magnolia St.	
			city Tallaha	assee FL	Zip Code 32301
8. The above	named entity submits this statemen	nt for the purpose of changir	ng its registered office or	registered agent, or both, in the State of Florid	132301 a.
			•		
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if applicable	e. (NOTE: Registered /	Agent signature required when reinstating)	DATE
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9 This corn	aration le aligible to esticfulte Intonnil	blo January 1 - I	May 1 Fee is \$150.00		i
Tax filing r	oration is eligible to satisfy its Intangil requirement and elects to do so.	After May	May 1 Fee is \$150.00 / 1, Fee is \$550.00 ed UBR is \$61.25	10. Election Campaign Financing	\$5.00 May Be
Tax filing r (See crite		After May Amende		Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filing r (See crite	equirement and elects to do so. ria on back) OFFICERS AND D	After May Amende Make Check Paya	/ 1, Fee is \$550.00 ed UBR is \$61.25 ble to Department of Si	Trust Fund Contribution.	Added to Fees
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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 11 or or an attachment with an appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Doutin