2002 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2002 8:00 am Secretary of State DOCUMENT # F9500001319 1. Entity Name THE NATIONAL LAW & LEADERSHIP FOUNDATION, INC. 05-14-2002 90339 008 ****61.25 Principal Place of Business Mailing Address 4000 HOLLYWOOD BOULEVARD. SUITE 265 SOUTH 4000 HOLLYWOOD BOULEVARD. SUITE 265 SOUTH HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 HS 2. Principal Place of Business 3. Mailing Address 7040 W. PAIMEHD PK. Qd PAINCEHOPK Rd 7040 W. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE #4-293 #4-293 City & State 4. FEI Number Applied For aton 36-3945773 Not Applicable 334 \$8.75 Additional 5. Certificate of Status Desired ルムタイ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kothstern ROTHSTEIN, SCOTT W Street Address (P.O. Box 4000 HOLLYWOOD BOULEVARD, SUITE 265 SOUTH HOLLYWOOD FL 33021 300 E. 2 Nd Stro Zip Code 3330/ te this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DS Delete TITLE Change ☐ Addition (9/01 NAME SALAMONE, CHRIS M NAME STREET ADDRESS 6109 BALBOA CIRCLE #301 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SINOPOLI, STEPHEN NAME STREET ADDRESS 1135 CLIFTON AVENUE STREET ADDRESS CITY-ST-ZIP <u>CLIFTON NJ 07013</u> CITY-ST-ZIP TITLE ☐ Delete TITLE 🔀 Change ☐ Addition SALAMONE, ANTHONY C NAME 10145 BAI but CIRCLE #302 STREET ADDRESS 6109 BALBOA CIRCLE #302 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-7IP BOUA Raton, FI 33433 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAIAMONE

561-947-