


**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90655 001 \*\*\*476.25

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F95000002027			
1. Entity Name <b>AE Land Corp</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>4250 Coral Ridge Drive</b>		3. Mailing Address <b>4250 Coral Ridge Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>	
Zip <b>33065</b>	Country <b>US</b>	Zip <b>33065</b>	Country <b>US</b>
4. FEI Number <b>13-3826784</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>The Prentice Hall Corporation System, Inc</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>			
City <b>Tallahassee</b>		FL	Zip Code <b>32301</b>
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 reticasting) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Eric Weisman 4250 Coral Ridge Dr Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP & CFO George Campagna 4250 Coral Ridge Dr Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Isabel Barney 4250 Coral Ridge Dr Coral Springs, FL 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		George Campagna CFO 4/9/03 (954) 255-4201	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Yr Phone #	

CR2E034B (12/02)