

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

FILED ATX1
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000006234
1. Entity Name Leathertone, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 153 Hamlet Avenue Suite, Apt. #, etc.		3. Mailing Address PO Box 247 Suite, Apt. #, etc.	
City & State Woonsocket, RI	City & State Woonsocket, RI	4. FEI Number 04-2028421	Applied For Not Applicable
Zip 02895	Country	Zip 02895	Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name Jules Rubenstein	
Street Address (P.O. Box Number is Not Acceptable) 2430 Presidential Way APT 708	
City West Palm Beach	FL Zip Code 33401

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 *James Rubenstein* **DATE** 4/23/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11.	
TITLE President & Director	NAME James Rubenstein	TITLE	NAME
STREET ADDRESS 31 Condor Road	CITY-ST-ZIP Sharon, Ma 02067	STREET ADDRESS	CITY-ST-ZIP
TITLE Secretary & Director	NAME Jules Rubenstein	TITLE	NAME
STREET ADDRESS 2430 Presidential Way APT 708	CITY-ST-ZIP West Palm Beach, FL 33401	STREET ADDRESS	CITY-ST-ZIP
TITLE Treasurer & Director	NAME Howard Rubenstein	TITLE	NAME
STREET ADDRESS 4 Raven Lane	CITY-ST-ZIP Sharon, Ma 02067	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

10000736153
05/10/07-80052-025 150.00

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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 *James Rubenstein* **DATE** **(401) 762-2450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #