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

DOCUMENT # F96000003638

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90780 020 \*\*\*150.00

| DO NOT WRITE IN THIS SPACE  3. Mining Address  C/O HABER CORP  Subs. Apt. 46.   | 1. Entity Nam   | 1e   |   |  |   | į                        |   |                               |                       |  |
|---|---|--|---|--|---|--------------------------|---|-------------------------------|-----------------------|--|
| 2 Principal Place of Baumens 2 Principal Place of Baumens 2 Principal Place of Baumens 3 Maying Address CORP CO HABER CORP CO HABER CORP CO HABER CORP CO HABER CORP CONTON CA 6 FE Number ENCTINO CA 95 - 4 FE Number Po Country 91436 USA DO NOT WRITE IN THIS SPACE ENCTINO CA 95 - 4 FE Number Po Country 91436 USA DO NOT WRITE IN THIS SPACE  Po Country 91436 USA DO NOT WRITE IN THIS SPACE  Name Name Name DO NOT WRITE IN THIS SPACE  Name Name Name Name Name Name Name DO NOT WRITE IN THIS SPACE  Name Name Name Name Name Name Name Nam   | OUTTA :   | THE HOLE TOURING   | , INC.  |  |   |                          |   |                               |                       |  |
| C/O   HABER CORP   C/O   HABER CORP   Suits Art   to  |   | DO NOT WRITE   | IN THIS SP  | ACE  |   |                          |   | 1                             | 7 U T                 | 0131   |
| C/O   HABER CORP   C/O   HABER CORP   Suits Art   to  | 2 Oringinal F   | Please of Queinness  | 2 Million Address   |  |   |                          |   |                               |                       |  |
| Solite, Apt. F. etc.  1683.0 VENTURA BL #501  1683.0 VENTURA BL #501  City & State  ENCINO. CA  ENCINO. CA  ENCINO. CA  ENCINO. CA  ENCINO. CA  DO NOT WRITE IN THIS SPACE  The Country  January To May 1 Fee is \$150.00  And accept the obligations of registered agent and the 6 applicable.  BIGNATURE  B. The phow named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorita. I am formitier with, and accept the obligations of registered agent and the 6 applicable.  B. The phow named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorita. I am formitier with, and accept the obligations of registered agent and the 6 applicable.  B. The phow named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorita. I am formitier with, and accept the obligations of registered agent and the 6 applicable.  B. The phow named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorita. I am formitier with, and accept the obligations of registered agent and the 6 applicable.  B. The phow named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorita. I am formitier with, and accept the obligations of registered agent and the 6 applicable.  B. The phow of the statement for the purpose of changing its registered agent agent, or both, in the State of Fiorita. I am formitier with, and accept the obligations of registered agent.  B. COLING ASSISTANCING ASSISTAN   |   | · · · · · · · · · · · · · · · · · · ·  | . •   |  | )   | 1                        |   |                               |                       |  |
| 16830 VENTURA BL #501 16830 VENTURA BL #501 4 FEINumber   Applied For City & State   ENCTNO   CA   State   ENCONS   CA   State   ENCONS   CA   State   ENCONS   CA   State   CA   S  |   |  |   |  |   |                          | DO NOT WRIT   | E IN THIS S                   | PACE                  |  |
| Second Part   |   |  |   | NTURA  | BL #50  | 01                       |   |                               |                       |  |
| Secretary   1436   USA   91436   USA   1. Name and Address of Current Registered Agent   Name   LESTER   Secretary   Name   Na  |   |  |   | <b>⊘</b> 7   |   |                          |   |                               | $\vdash$              |  |
| DO NOT WRITE IN THIS SPACE    DO NOT WRITE IN THIS SPACE   Name and Address of Current Registered Agent   |   |  |   |  | ntry  |                          |   |                               | 88.75                 |  |
| LESTER, DON  Street Address (PC) Box Number is Not Acceptable)  LESTER & MITCHELL  218 E ASHLEY ST CN DACKSONVILLE  FL 32 Code 32 2 0 2  8. The bove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida I am familiar with, and accept the obligations of registered agent and title if applicable.  SIGNATURE  Signature, lyted or printed name or registered agent and title if applicable.  NOTE: Registered Agent agreature required when reinstating)  DATE  January 1: May 1 Fee is \$150.00  After May 1, Fee is \$500.00  After May 2, Fee is \$500.00  After May 1, Fee      |   | 1 -  |   | 1  | •   | 5                        | . Certificate of Status Desired                                   | 1 1 1                         | •                     | 1  |
| LESTER DON  | 100   | DO NOT WRITE IN TH   | IIS SPACE   |  | ur  | 7. N                     | ame and Address of Curren   | t Registered                  | Agent                 |  |
| 8. The phove 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: typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  January 1: May 1 Fee is \$150.00  After May 1, Fee is \$150.00  After May |   |  |   |  | LESTI Street Ad LESTI 218                                       | dress (P.0<br>ER &       | D. Box Number is Not Accepta<br>MITCHELL                          | ble)                          |                       |  |
| 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  SECRETARY  SIGNATURE  SIGNATUR  |   |  |   |  |   | SONV                     | ILLE  | FL                            |                       |  |
| Alter May 1, Fee is \$50.00 Authority 1, Fee is \$50.00 Authority 1, Authority 1, Fee is \$50.00 Authority 1, Au   | and accep   | t the obligations of registered agent.   |   |  |   |                          |   |                               |                       |  |
| TITLE ROSSINGTON, GARY   |   | After May 1, Fee is \$550.00<br>Amended UBR is \$61.25   | State   | n n e ji ke t<br>Q   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                           | ph                       | 9. Election Campaign Fig  |                               |                       |  |
| SIRECTADORESS  CITY-ST-ZIP  TITLE  T  NAME  VAN ZANT, JOHNNY  SIRECTADORESS  CITY-ST-ZIP  TITLE  S  NAME  HABER, GARY  SIRECTADORESS  CITY-ST-ZIP  TITLE  NAME  HABER, GARY  SIRECTADORESS  CITY-ST-ZIP  TITLE  NAME  SIRECTADORESS  CITY-ST-ZIP  SIRECTADORESS  | 10.   | OFFICERS AND DI  | RECTORS   |  |   | Tau (Bullia              | Towns to Time of the  |                               | r Ayto                |  |
| SIRECTADORESS  CITY-ST-ZIP  TITLE  T  NAME  VAN ZANT, JOHNNY  SIRECTADORESS  CITY-ST-ZIP  TITLE  S  NAME  HABER, GARY  SIRECTADORESS  CITY-ST-ZIP  TITLE  NAME  HABER, GARY  SIRECTADORESS  CITY-ST-ZIP  TITLE  NAME  SIRECTADORESS  CITY-ST-ZIP  SIRECTADORESS  | NAME  | ROSSINGTON, GARY<br>16830 VENTURA BI   | LVD. #501   | . N/S1   | ME<br>REET ADDRESS  |                          |   |                               |                       |  |
| TITLE  NAME  VAN ZANT, JOHNNY  STREET ADDRESS  A 619 PLYMOUTH ST  CITY-ST-ZP  JACKSONVILLE, FL, 32205  TITE  NAME  HABER, GARY  STREET ADDRESS  CITY-ST-ZP  ENCINO, CA, 91436  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRES  | TITLE<br>NAME<br>STREET ADDRESS                               | V<br>POWELL, WILLIAM<br>16830 VENTURA BI   | LVD. #501   | ่ ก\<br>• N\<br>• S1   | TLE<br>ME<br>REET ADDRESS                                       |                          |   |                               |                       |  |
| CITY-ST-ZIP JACKSONVILLE, FL, 32205 CITY-ST-ZIP DO NOT. WRITE IN THIS SPACE  ITILE  NAME  HABER, GARY  STREET ADDRESS  16830 VENTURA BLVD. #501  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  | TITLE<br>NAME   | T<br>VAN ZANT, JOHNNY  | Y   | , Π'   | ne  |                          |   |                               |                       |  |
| TITLE NAME HABER, GARY STREET ADDRESS 16830 VENTURA BLVD. #501 STREET ADDRESS CITY - ST - ZIP ENCINO, CA, 91436  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP  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 of 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:  SECRETARY  818-783-9200   | L   |  |   |  |   | - 100 miles              | DO NOT WRITE I  | N THIS                        | SPA                   | CE   |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 truste 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:  SECRETARY  818-783-9200   | NAME<br>STREET ADDRESS  | S<br>HABER, GARY<br>16830 VENTURA BI   | LVD. #501   | ^N/<br>S1  | ME<br>REET ADDRESS  |                          |   |                               |                       | The second secon |
| ITILE  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:  SECRETARY  818-783-9200  | NAME<br>STREET ADDRESS  |  |   | Ne<br>° S⊤   | ME<br>REET ADDRESS  |                          |   |                               |                       |  |
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|   | 12. I hereby co<br>information<br>an officer of<br>appears in | n indicated on this report or supplement<br>or director of the corporation or the re-<br>i Block 10 or on an attachment with a<br>URE: | ental report is true a<br>ceiver or trustee em<br>n address, with all o | qualify for the nd accurate apowered to other like empty SEC | ne exemption s<br>and that my si<br>execute this re<br>powered. | gnature s<br>eport as re | hall have the same legal effect<br>equired by Chapter 607, Florid | t as if made<br>a Statutes; a | under or<br>nd that i | ath; that I am<br>my name<br>3 ~ 9200  |

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