


05-07-2003 90173 019 ****70.00

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5171

DOCUMENT # F97000006368 (L)

1. Entity Name Claxon, Inc.



DO NOT WRITE IN THIS SPACE

55047411

2. Principal Place of Business 23 Watts Street
 Suite, Apt. #, etc.

3. Mailing Address same as #2
 Suite, Apt. #, etc.

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City & State New York NY City & State _____

4. FEI Number 13-3508513 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 10013 Country USA Zip _____ Country _____

7. Name and Address of Current Registered Agent

Name David Santos

Street Address (P.O. Box Number is Not Acceptable) c/o Next Management

1688 Meridian Ave (800)

City Miami Beach FL Zip Code 33139

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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 David Santos DAVID SANTOS OFFICE MANAGER 4/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 1985a and 1985a-20) DATE

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE	<u>President</u>	TITLE	
NAME	<u>Giorgio Santambrogio</u>	NAME	
STREET ADDRESS	<u>Corso Di Porta</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Romano 60 Italy</u>	CITY-ST-ZIP	
TITLE	<u>VP + Sect.</u>	TITLE	
NAME	<u>Lorenzo Pedrini</u>	NAME	
STREET ADDRESS	<u>Via Grigna 7</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>20155 Milano Italy</u>	CITY-ST-ZIP	
TITLE	<u>Treasurer</u>	TITLE	
NAME	<u>Paolo Roberti</u>	NAME	
STREET ADDRESS	<u>Corso di Porta</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Vittoria 56 20122 Milan Italy</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE Giorgio Santambrogio _____

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

CR2E037B (12/02)