

AMENDED

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 16 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600008440216  
10/18/02--01002--025 \*\*70.00

DOCUMENT # G27175

1. Entity Name

Five Seas Investors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3850 Hollywood Blvd

Suite, Apt. #, etc.  
Suite 400

City & State  
Hollywood, FL 33021

Zip  
33021

Country  
USA

3. Mailing Address

3850 Hollywood Blvd

Suite, Apt. #, etc.  
Suite 400

City & State  
Hollywood, FL 33021

Zip  
33021

Country  
USA

4. FEI Number

59-2346893

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Robert M. Cornfeld

Street Address (P.O. Box Number is Not Acceptable)  
3850 Hollywood Blvd

Suite 400

City  
Hollywood

FL

Zip Code  
33021

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so  
(See criteria on back)

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
P/VP  
NAME  
Robert M. Cornfeld  
STREET ADDRESS  
3850 Hollywood Blvd #400  
CITY-ST-ZIP  
Hollywood, FL 33021

TITLE  
D/VP/S  
NAME  
Jeffrey D. Cornfeld  
STREET ADDRESS  
3850 Hollywood Blvd #400  
CITY-ST-ZIP  
Hollywood, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert M. Cornfeld

10/11/02 (954) 989-2200

Date

Daytime Phone

CR2E034B (12/01)

98 10/10/02