

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H31833

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: SCION INTERNATIONAL, INC.

## Current Principal Place of Business:

12415 SW 136 AVE  
UNIT #2  
MIAMI, FL 331869 US

## New Principal Place of Business:

## Current Mailing Address:

12415 SW 136 AVE  
UNIT #2  
MIAMI, FL 331869 US

## New Mailing Address:

FEI Number: 59-2489566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVINSON, MELVIN M.D.  
5200 BLUE LAGOON DRIVE  
STE 890  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

LEVINSON, MICHAEL P  
12415 SW 136 AVE  
2  
MIAMI, FL 33186 US

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: MICHAEL P. LEVINSON

04/28/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CHAKOFF, STEPHEN,  
Address: 5200 BLUE LAGOON DR, STE 890  
City-St-Zip: MIAMI, FL

Title: T/D ( ) Delete  
Name: LEVINSON, MELVIN E MD  
Address: 5200 BLUE LAGOON DR, STE 890  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: LEVINSON, MICHAEL P  
Address: 5200 BLUE LAGOON DRIVE STE 890  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: CHAKOFF, STEPHEN,  
Address: 12415 SW 136 AVE, UNIT #2  
City-St-Zip: MIAMI, FL 33186

Title: T/D (X) Change ( ) Addition  
Name: LEVINSON, MELVIN E MD  
Address: 12415 SW 136 AVE, UNIT #2  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change ( ) Addition  
Name: LEVINSON, MICHAEL P  
Address: 12415 SW 136 AVE, UNIT #2  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. LEVINSON

COO

04/28/2003

Electronic Signature of Signing Officer or Director

Date