

08-19-2002 90138 004 \*\*\*550.00

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

**DOCUMENT #** H47119  
 1. Entity Name *PEGASUS ASSET MANAGEMENT*

**DO NOT WRITE IN THIS SPACE**

**975444**

2. Principal Place of Business  
**9 Island Avenue, Unit 1201**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Miami Beach, Fl.**

City & State

Zip  
**33139**

Country

Zip

Country

4. FEI Number  
**112741506**

Applying For  
 Part Acceptance

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Kay B. Maunsbach**

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

**9 Island Avenue, Unit 1201**

City  
**Miami Beach**

FL

Zip Code  
**33139**

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 *Kay B. Maunsbach* **Aug 13, 2002**

Signature typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when reapplying)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSD Kay B. Maunsbach 9 Island Avenue, #1201, Miami Beach, Fl. 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT Helen Leeds 9 Island Avenue, #1201, Miami Beach, Fl. 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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)(b), 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 on Block 11 of this attachment with an address, with all other like empowered.

SIGNATURE: *Kay B. Maunsbach* **Kay B. Maunsbach 8/12/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)