2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 91158 001 ***150.00

55046272

DOCUMENT # H59195

1. Entity Name
MARKET SCOPE, INC.

Principal Place of Business	Mailing Address
9500 S. DADELAND BLVD.	9500 S. DADELAND BLVD.
704	704
MIAMI FL 33156	MIAMI FL 33156
US	US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1570 MADRUGA	1570 MADRUGA
Suite, Apt. #, etc. 405	Suite, Apt. #, etc. 405
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33146 Country MIAMI-DADE	Zip 33146 Country MIAMI-DADE

4. FEI Number 59-2634164 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATURMAN, STEVEN H	Name JAY LEWIS
9500 S. DADELAND BLVD.	Street Address (P.O. Box Number is Not Acceptable) 1570 MADRUGA
SUITE 610	SUITE 405
MIAMI FL 33156	City CORAL GABLES FL Zip Code 33146

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 [signature] JAY LEWIS — June, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☒ Delete	TITLE	P.D.	☒ Change ☐ Addition
NAME	LEWIS, JAY		NAME	LEWIS, JAY	
STREET ADDRESS	9500 S. DADELAND BLVD		STREET ADDRESS	1570 MADRUGA	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE ON FILE [signature] — APRIL 30, 2003 — 3056616460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #