

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90103 042 ***150.00

DOCUMENT # J44145
1. Entity Name CONSTITUENCY CORP.

Principal Place of Business 3885 ST. JAMES WAY BOCA RATON FL 33434	Mailing Address 3885 ST. JAMES WAY BOCA RATON FL 33434-3376
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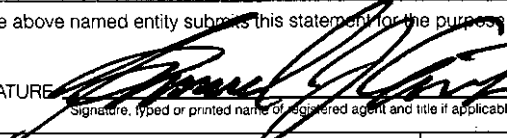
2. Principal Place of Business 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200	3. Mailing Address 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487	Country USA

4. FEI Number 65-0000587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANTOR, SAMUEL J. 3885 ST JAMES WAY BOCA RATON FL 33434	
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7. Name and Address of New Registered Agent Name Cantor, Samuel J. Street Address (P.O. Box Number is Not Acceptable) 6700 Broken Sound Parkway NW Suite 200 City Boca Raton FL Zip Code 33487	
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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. SIGNATURE  DATE 3/20/00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBY, BENJAMIN 7701 ROMERIA STREET LA COSTA CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP Feldman, Susan 1844 N. Nob Hill Road, #304 Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/17/00 561-982-9555 Date Daytime Phone # SUSAN FELDMAN, VP.

CR2E014 (9/99)