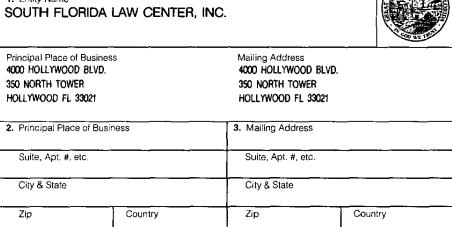
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K03980 DOCUMENT

1. Entity Name



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90098 006 ***150.00

						1	,					
Principal Place of Business 4000 HOLLYWOOD BLVD. 350 NORTH TOWER HOLLYWOOD FL 33021			Mailing Address 4000 HOLLYWOOD BLVD. 350 NORTH TOWER HOLLYWOOD FL 33021				}					
2. Principal Place of Business				3. Mailing Address						611 110 1		
Suite, Apt.	. #, etc.	<u>, , , , , , , , , , , , , , , , , , , </u>	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State				4.	65-11152//			plied For	
Zip Country			Zip		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			fitional			
	6. Name	and Address of Current F	Register	ed Agent	T	7. Name and Address of New Registered Agent						
						Name						
GAMBERG	3, JAY M.		<u> </u>			/5.0.5						
	LYWOOD E	BLVD.	Street Addres				ess (P.O. E	(P.O. Box Number is Not Acceptable)				
	TH TOWER	· _ · _ ·								_		
		121				<u></u>				T == -		
HOLLYWOOD FL 33021						City			FL	Zip Cod	е	
the obligat SIGNATURE .	tions of regis		a tiete "4	- Karabia	To Place '	d American	- diam al	Tipotetia.	DATE			
	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOTI	E: Registere	d Agent signature rec	quired when r	reinstating)	DATE			
Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State					Election Campaign Financ Trust Fund Contribution.	ing 🔲		0 May Be to Fees	
10.		OFFICERS AND (DIRECTO	RS	11.		Αſ	ODITIONS/CHANGES TO OFFICE	RS AND [DIRECTOR	S IN 11	
TITLE	STVP			↓ Delete	TITL	E				☐ Change	Addition	
VAME	GAMBERG				NAM	- 1						
STREET ADDRESS		LYWOOD BLVD., #350				EET ADDRESS						
CITY-ST-ZIP	<u> </u>	OD FL 33021			CiTY	-ST-ZIP						
TITLE	D/P			Delete	TITL	E				Change	Addition Addition	
NAME		i, JEFFREY			NAM							
STREET ADDRESS		LYWOOD BLVD., #350				ET ADORESS						
CITY-ST-ZIP	HULLYWU	OD FL 33021		- Pa	CITY	-ST-ZIP			· 2. •			
TITLE				Delete	TITL		•			Change	☐ Addition	
NAME STREET ADDRESS					NAM	ET ADDRESS						
CITY-ST-ZIP	}					-ST-ZIP						
	<u> </u>	······································						· · · · · · · · · · · · · · · · · · ·			C Addition	
TITLE NAME				☐ Delete	TITL	1				Change	Addition	
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IAME	ŀ			0000	NAM	- 1			!			
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CITY-ST-ZIP					CITY	-ST-ZIP						
IITLE				☐ Delete	TITL					Change	Addition	
IAME					NAM	1		•	•			
TREET ADDRESS					STRE	ET ADDRESS						
YTY-ST-ZIP	1				CITY	-ST-ZIP						

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: