FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 12 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K92680

1. Entity Name: MICHAEL SCOTT HAIR SALON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10053 CLEARY BLVD
Suite, Apt. #, etc.:
City & State: PLANTATION FL
Zip: 33324 Country: U.S.

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0131555 [ ] Applied For [ ] Not Applicable

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: SCOTT WOLK
Street Address (P.O. Box Number is Not Acceptable): 11064 CANARY ISLAND Ct.
City: PLANTATION FL Zip Code: 33324

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: [signature] 12/6/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

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		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	PST	TITLE	
NAME	SCOTT WOLK	NAME	
STREET ADDRESS	11064 CANARY ISLAND Ct.	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	
TITLE	VP	TITLE	600025435716
NAME	DONNA WOLK	NAME	12/12/03--01008--015 **335.00
STREET ADDRESS	11064 CANARY ISLAND Ct.	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
TITLE		TITLE	
NAME		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	REINSTATEMENT 02-03
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/6/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

2ce/2

MICHAEL SCOTT HAIR SALON, INC.
10053 CLEARY BLVD.
PLANTATION, FL 33324
954-473-2323

December 3, 2003

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find a check for $335.00 ($150.00 for 2003, $150.00 for 2004 and $35.00 to change the registered agent). I have not received my Uniform Business Report for the past two years. It was mailed to my prior address – 5796 S.W. 89th Way, Cooper City, Florida 33328. I have also completed a reinstatement form and would like to verify that you have my correct mailing address.

11064 Canary Island Ct.
Plantation, FL 33324

Thank you in advance.

Very truly yours,

Scott Wolk, President