## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCU	JMENT	# L01000	005672			7					
1. Entity Nar	me	TERFRONT REALT				FILED					
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Principal Pla	ce of Business	)	Mailing Address	<del></del>			02	OCT I	O AL	10.0-	
721 ROUTE 202-206			721 ROUTE 202-206			02 OCT 10 AM 9: 28					
ATTN: ANGELA SCAFURI. ESQ. BRIDGEWATER NJ 08807			ATTN: ANGELA SCAFURI, ESQ. BRIDGEWATER NJ 08807			SECHETARY OF STATE TALEAHASSEE, FLOREINA					
US			US						<b>りたた。}</b> 	L FAR LET A Puil finii iinii ii	414 (10) (00)
2. Principal I	Place of Busin	ess	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		┤					
Suite, Apt. #, etc.			2760 SUNSET PLAZA DR. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
								NOI WHII	E IIV : MIS	SPACE	
City & State			City & State LOS ANGELES, CA			4. FEIN	lumber				pplied For
Zip Country		Country	Zin		Country				(m)	\$5.00 Ad	ot Applicable
	6 Name	and Address of Curren	90069	USA	1		licate of Status			Fee Require	
			t Hegistered Agent	-	Name	7. Name	and Address	of New Ro	egistered	Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				-	Street Address (	(DO David		( -   -   -	<i>3*</i>		
	T HAYS STR LAHASSEE F				Street Address (	P.O. BOX N	umber is Not A	ceptable;			
IALI	DAINOULL I	L 02001			KE IN	STA	FMF	NT	20	200	
					City			<del>, , ,</del>	F	2ip 0oo	le
8. The above	named entity	submits this statement f	or the purpose of changing	its registered	office or register	red agent, o	or both, in the S	tate of Flor	ida. I am	familiar with,	and accept
the obligat	tions of registe	ered agent.									
SIGNATURE	Signature, typed o	r printed name of registered agent	and title if applicable. (f)	NOTE: Registered A	gent signature required	when reinstation	na)		DATE		<del></del>
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			IF .		Department o		J*************************************	,~,~		سناو ونت رسار رسا	
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9.		MANAGING MEMBI	ERS/MANAGERS	10.				DITIONS/			
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			this filing does not qualify that my signature shall hav empowered to execute thi					tatutes. I fo	urther cer g membe	tify that the in er or manager	formation of the

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