00 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90014 028 ***150.00

DOCUMENT # L02116 2001 ✓

1. Entity Name
SECOND CROSSING, INC.

AUU44773

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
Second Crossing, Inc. 1247 Lincoln Blvd. Suite C Santa Monica, CA 90401	Second Crossing, Inc. 1247 Lincoln Blvd. Suite C Santa Monica, CA 90401

2. Principal Place of Business	3. Mailing Address
1247 LINCOLN BLVD.	1247 LINCOLN BLVD
Suite, Apt. #, etc.	
SANTA MONICA CA	City & State: SANTA MONICA CA
Zip: 90401 Country: USA	Zip: 90401 Country: USA

4. FEI Number 65-0131434 ☐ 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
OSHRY, SUZANNE 5304 WOODLANDS BLVD. TAMARAC FL 33319	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The abo[ve named entity submits this statement for the purpose of chan]ging its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 3/30/01
(NOTE: Registered Agent signature required when reinstating)

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

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 ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSHRY, SUZANNE 1247 LINCOLN BLVD SANTA MONICA CA 90401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: [signature] 3/30/01 310-459-8746
Date Daytime Phone #