2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M30606

1. Entity Name LIVING THINGS, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90045 020 ***150.00

Mark-Printering		THE SHAPE OF THE SHAPE	Properties of the second	en a la proposició de la	SOUTH STATE	AT ME 150 DOMESTS		No.				
Principal Place				Address A Trans	\$12 x 18	全等是在主教	£ 120	ing the state of t	1987-min-1897	en merkanian	BE ENGLY COMPANIE	
C/O MILTON S			C/O MILTON SCHERMER						E.A.			
456 - 41 ST ST.			-	456 - 41ST ST.				c reaconniciona trincantino della della della	I	ALL BERTL RENEL A		
MIAMI BEACH	FL 33140		MIAMI E	BEACH FL 33140								
2. Principal Place of Business			3. Mailin	3. Mailing Address				1 (01)60 () 100 japa 0 0 ja ja o			IBEL B1846 1886	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	e	City &	City & State			4 . F	4. FEI Number 59-2674725			oplied For ot Applicable		
Zip	Country Zip			Zip Country			ļ	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Re				stered Agent			7. N	7. Name and Address of New Registered Agent				
						Name						
. 1	R, MILTON		Street Address			s (P.O. Bo	(P.O. Box Number is Not Acceptable)					
456 - 41S	T ST.											
MIAMI BE/	ACH FL 331						<u></u>					
					City				FL	_		
			ent for the purpos	se of changing its	registere	d office or regis	tered age	ent, or both, in the State of Flo	orida. I am	familiar with,	and accept	
the obligati	ions of regist	ered agent.										
SIGNATURE .					5 B		in albox	instation)	DATE			
	Signature, typed	or printed name of registered	agent and title il applic	able. (NOI	E: Registered	Agent signature requ	red when re	nnstating)	DAIL			
After	r May 1, 200	FEE IS \$150.00	0.00	-				Election Campaign Fir Trust Fund Contribution			May Be to Fees	
	C Payable to	Florida Departme			11.	···		DITIONS/CHANGES TO OFF	ICERS ANI	DIRECTOR	S IN 11	
10.	PD	OFFICERS	AND DIRECTOR	Delete	TITLE		٨٥	DITIONS/CHANGES TO OTT	102/10/44	☐ Change	Addition	
TITLE NAME		R, MILTON		☐ Delete	NAMI						_	
STREET ADDRESS	456 - 41S				STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI BE				CITY	ST-ZIP	_					
TITLE	D			☐ Delete	TITLE					Change	Addition	
NAME	SCHERME	r, Susan			NAM	E						
STREET ADDRESS	456 - 41S					ET ADDRESS						
CITY-ST-ZIP	MIAMI BE	ACH FL			CITY	-ST-ZIP					- Addition	
TITLE	D			☐ Delete	TITLE					Change	☐ Addition	
NAME		R, RICHARD			NAM	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	436 - 415 MIAMI BE/	1 91. ACH EI				-ST-ZIP						
TITLE	MINIMI			☐ Delete	TITLE					Change	☐ Addition	
NAME				Delete	NAM							
STREET ADDRESS	-				STRE	ET ADDRESS						
CITY-ST-ZIP					- CITY	-ST-ZIP						
TITLE	†	•	····	☐ Delete	TITLE					Change	☐ Addition	
NAME					NAM	l I						
STREET ADDRESS			•	•		ET ADDRESS						
CITY-ST-ZIP	ļ					-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			- Addition	
TITLE				Delete	TITLI			•		☐ Change	☐ Addition	
NAME		-			NAM			, <u>, , , , , , , , , , , , , , , , , , </u>			-	
STREET ADDRESS	Ī					ET ADDRESS ~					1	
CITY-ST-ZIP					CITY	-ST-ZIP					İ	

indicated on this report or supplier with this riling goes not quality 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 sustee 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: