2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 AM
Secretary of State

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Entity Name: SINGLEMOMSCLUB.COM, INC.

Current Principal Place of Business:

1817 OAK TRAIL WEST, #201
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1817 OAK TRAIL WEST, #201
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3691218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIZADO, RACHEL
1817 OAK TRAIL WEST, #201
CLEARWATER, FL 33764

Name and Address of New Registered Agent:

FRIZADO-KOWSKI, RACHEL A
1817 OAK TRAIL WEST, #201
CLEARWATER, FL 33764

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: RACHEL FRIZADO-KOWSKI 01/11/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T (X) Delete
Name: WALDSPURGER, JEANNE MARIE
Address: 1817 OAK TRAIL WEST, #201
City-St-Zip: CLEARWATER, FL 33764

Title: S ( ) Delete
Name: CORMIER, GINA
Address: 1817 OAK TRAIL WEST, #201
City-St-Zip: CLEARWATER, FL 33764

Title: V ( ) Delete
Name: HULLEN, KATHY
Address: 1817 OAK TRAIL WEST, #201
City-St-Zip: CLEARWATER, FL 33764

Title: P ( ) Delete
Name: FRIZADO, RACHEL
Address: 1817 OAK TRAIL WEST, #201
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change ( ) Addition
Name: CORMIER, GINA
Address: 1817 OAK TRAIL WEST, #201
City-St-Zip: CLEARWATER, FL 33764

Title: V/D (X) Change ( ) Addition
Name: HULLEN, KATHY
Address: 1817 OAK TRAIL WEST, #201
City-St-Zip: CLEARWATER, FL 33764

Title: P/D (X) Change ( ) Addition
Name: FRIZADO-KOWSKI, RACHEL
Address: 1817 OAK TRAIL WEST, #201
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHEL FRIZADO-KOWSKI P/D 01/11/2002
Electronic Signature of Signing Officer or Director Date