

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002003

FILED
Sep 09, 2003
Secretary of State

Entity Name: SHAKEN BABY COALITION, INC.

Current Principal Place of Business:

224 DATURA ST
#1113
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

224 DATURA ST
#1113
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-1094916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, MICHELE M
4200 STATE RD 7
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POOLE, MICHELE
Address: 4200 STATE RD. SEVEN
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: WALTERS, PATRICIA J
Address: 7411 SW 1ST STREET
City-St-Zip: MARGATE, FL 33068

Title: DV () Delete
Name: ROWSE, PAMELA
Address: 4330 CRATER ST
City-St-Zip: LAS VEGAS, NV 89122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHELE M. POOLE

PD

09/09/2003

Electronic Signature of Signing Officer or Director

Date