


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90092 036 ****61.25

DOCUMENT # N02000000373

1. Entity Name
SOUTH FLORIDA NETWORKING PROFESSIONALS, INC.



Principal Place of Business
**3440 HOLLYWOOD BLVD.
SUITE 360
HOLLYWOOD FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD.
SUITE 360
HOLLYWOOD FL 33021**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3597066

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

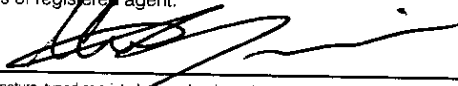
6. Name and Address of Current Registered Agent

**SIRULNIK, ALEX D ESQ.
3440 HOLLYWOOD BLVD.
SUITE 360
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/31/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State


10. OFFICERS AND DIRECTORS

| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|---------------------------|---|---------------------------------|
| P SIRULNIK, ALEX D | 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD FL 33021 | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|---|---------------------------------|-------------------------------------|
| - Vice President / O Jonathan M. Hirsch | 127 E. Dania Beach Blvd. Dania Beach, FL 33004 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Treasurer / O Barry Brazier | 2670 NE 215 St. Aventura, FL 33180 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Secretary / O Donna Richards | 3440 Hollywood Blvd. #360 Hollywood FL 33021 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

12. 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 617, 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:  DATE **1/31/03** **9543224280**

SIGNATURE REQUIRED

CR2E037 (10/02)