

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 91078 023 ****61.25

DOCUMENT # N02000004460



1. Entity Name
THE PYRAMID SOCIETY, INC.

Principal Place of Business
**C/O JOHN R HOWES ESO
633 SE THIRD AVENUE SUITE 4R
FORT LAUDERDALE FL 33301**

Mailing Address
**C/O JOHN R HOWES ESO
633 SE THIRD AVENUE SUITE 4R
FORT LAUDERDALE FL 33301**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HOWES, JOHN R ESO
633 SE THIRD AVENUE SUITE 4R
FORT LAUDERDALE FL 33301**

Name **LYNDA O'BRIEN**
Street Address (P.O. Box Number is Not Acceptable)
4410 NE 16 TERR
City **FT. LAUDERDALE FL** Zip Code **33334**

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

Lynda O'Brien

2/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	LYNDA O'BRIEN	
STREET ADDRESS	4410 NE 16 TERR	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	VP VARIOUS MEANS	<input type="checkbox"/> Delete
NAME	DARRAN BLAKE	
STREET ADDRESS	2401 NE 22 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE	VP MEMBERSHIP	<input type="checkbox"/> Delete
NAME	JOAN NASH COURTADE	
STREET ADDRESS	220 MACFARLANE DR.	
CITY-ST-ZIP	DELRAY BCH, FL 33483	
TITLE	VP PUBLIC RELATIONS	<input type="checkbox"/> Delete
NAME	MAGDA ALZURI	
STREET ADDRESS	260 E. TROPICAL WAY	
CITY-ST-ZIP	PLANTATION, FL 33170	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	GLORIA KLINE	
STREET ADDRESS	1220 NE 3 ST. #305	
CITY-ST-ZIP	FT. LAUD., FL 33301	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	MURIEL ZBAR	
STREET ADDRESS	1 EAST BROWARD BLVD. SUITE 700	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lynda O'Brien **LYNDA O'BRIEN** 2/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)