
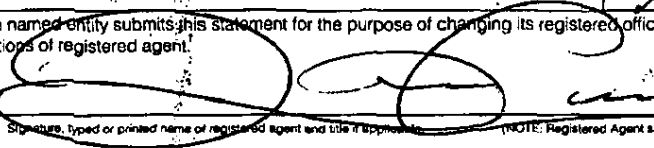
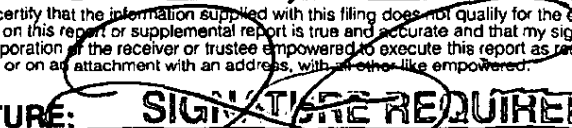


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

5/2

05-02-2003 90108 041 \*\*\*\*70.00

<b>DOCUMENT # NO2000007360</b>			
1. Entity Name <b>I HAD A DREAM FOUNDATION, INC.</b>			
Principal Place of Business <b>6538 COLLINS AVENUE #377 MIAMI BEACH FL 33141</b>		Mailing Address <b>6538 COLLINS AVENUE #377 MIAMI BEACH FL 33141</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. FEI Number <b>27-0048505</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>KLOKE, PHILIPP</b>		Name <b>Philipp Kloke</b>	
Street Address <b>6538 COLLINS AVENUE #377 MIAMI BEACH FL 33141</b>		Street Address (P.O. Box Number is Not Acceptable) <b>6538 Collins Ave # 377</b>	
City <b>MIAMI BEACH</b>		City <b>Miami Beach</b>	
State <b>FL</b>		State <b>FL</b>	
Zip Code <b>33141</b>		Zip Code <b>33141</b>	
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	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLOKE, PHILIPP</b>	NAME	
STREET ADDRESS	<b>6538 COLLINS AVENUE #377</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLOKE, PHILIPP</b>	NAME	
STREET ADDRESS	<b>6538 COLLINS AVENUE #377</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLOKE, PHILIPP</b>	NAME	
STREET ADDRESS	<b>6538 COLLINS AVENUE #377</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	CITY-ST-ZIP	
TITLE	<b>Bill Muller</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bill Muller</b>	NAME	
STREET ADDRESS	<b>6538 Collins Ave # 377</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>	CITY-ST-ZIP	
TITLE	<b>Dr Charles B. Dickert</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dr Charles B. Dickert</b>	NAME	
STREET ADDRESS	<b>6538 Collins Ave # 377</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>	CITY-ST-ZIP	
TITLE	<b>Larry Lamona</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Larry Lamona</b>	NAME	
STREET ADDRESS	<b>6538 Collins Ave # 377</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>	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: 		Date <b>January 30<sup>th</sup> 2003</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>954 605.3006</b>	

CR2E037 (10/02)