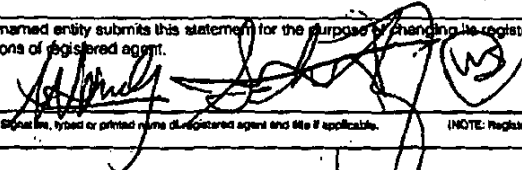


FILED
Jun 04, 2003 8:00 am
Secretary of State

04-17-2003 90119 013 ****61.25

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

DOCUMENT # N02000008139			
1. Entity Name VIEWPOINTS ALLIANCE INC.			
Principal Place of Business 360 N BAYSHORE BLVD #103 CLEARWATER FL 33759		Mailing Address 360 N BAYSHORE BLVD #103 CLEARWATER FL 33759	
2. Principal Place of Business THE		3. Mailing Address PO Box 343	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Safety Harbor FL 34655	
Zip	Country	Zip	Country
34695	USA	34695	USA
4. FEI Number 65-1160483		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1000 W AVE STE 1114 MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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	
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 - Secretary ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME Wendy Schwartz		NAME	
STREET ADDRESS 32 Summit LN		STREET ADDRESS	
CITY-ST-ZIP Safety Harbor FL 34655 ☐ Delete		CITY-ST-ZIP	
TITLE Vice President ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME Lebbe Schoenbaum		NAME	
STREET ADDRESS 103 Gedney St		STREET ADDRESS	
CITY-ST-ZIP Nyack, N.Y. 10960 ☐ Delete		CITY-ST-ZIP	
TITLE Treasurer ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME Joel Schwartz		NAME	
STREET ADDRESS 84 Calvert St		STREET ADDRESS	
CITY-ST-ZIP HARRISON N.Y. 10528 ☐ Delete		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 empowers.			
SIGNATURE: 		Date 04-15-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 727-26-895	