

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90453 009 ****61.25

DOCUMENT # N06129

1. Entity Name
LIBRARY SQUARE ASSOCIATION, INC.



Principal Place of Business
**1096 SUNSET STRIP
SUNRISE FL 33313**

Mailing Address
**1096 SUNSET STRIP
SUNRISE FL 33313**



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 **59-2619343**

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

**GRIFFITH, W. R.
1096 SUNSET STRIP
SUNRISE FL 33313**

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 _____ (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 **PD** Delete
NAME **BODENSTEIN, BENNET L.**
STREET ADDRESS **6680 SUNSET STRIP #1**
CITY-ST-ZIP **SUNRISE FL**

TITLE **PD** Change Addition
NAME **Gleason, Thomas**
STREET ADDRESS **6666 Sunset Strip**
CITY-ST-ZIP **Sunrise, FL**

TITLE **STD** Delete
NAME **GRIFFITH, W.R.**
STREET ADDRESS **1096 SUNSET STRIP**
CITY-ST-ZIP **SUNRISE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Delete
NAME **GLEASON, THOMAS**
STREET ADDRESS **6666 SUNSET STRIP**
CITY-ST-ZIP **SUNRISE FL**

TITLE **VPD** Change Addition
NAME **Bodenstein, Bennet L.**
STREET ADDRESS **6660 Sunset Strip #1**
CITY-ST-ZIP **Sunrise, FL**

TITLE **D** Delete
NAME **MAKOULIAN, HAIG**
STREET ADDRESS **6780 SUNSET STRIP**
CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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)(l), 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: *[Signature]* SIGNATURE REQUIRED

4/14/03 954/792-5111

CR2E037 (10/02)