

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000005791**  
 1. Entity Name  
**GENIUS DISTRIBUTORS, CORP.**

FILED  
 01 DEC -5 PM 2:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**300 ARAGON STE 390 300 ARAGON STE 390**  
**CORAL GABLES, FL 33134 CORAL GABLES, FL**  
**33134**


2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0974552** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RACHEL PIERRE**  
**300 ARAGON STE 390**  
**CORAL GABLES, FL 33134**

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.  
 SIGNATURE  DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	<b>RACHEL PIERRE</b>
STREET ADDRESS	<b>300 ARAGON STE 390</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>MIGUEL A BEATO</b>
STREET ADDRESS	<b>300 ARAGON STE 390</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>MANIA E BARBOSA</b>
STREET ADDRESS	<b>300 ARAGON STE 390</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>000004717530--2</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>12/10/01 - 01116 - 001</b> <b>****150.00 ****150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE

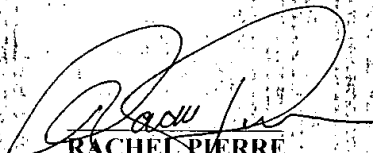
01 UBR

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **GENIUS DISTRIBUTORS, CORP.**

Thank you for your courtesy in this matter.

  
**RACHEL PIERRE**  
**PRESIDENT**