

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 035 ***150.00

DOCUMENT # P00000022086
1. Entity Name

RIVER ESCAPE MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

80053866

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11860 New Chapel Court		3. Mailing Address 717 E. Oak St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Kissimmee, FL	
Zip 32837	Country USA	Zip 34744	Country USA

4. FEI Number 59-3626894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Swart, Harry J CPA
Street Address (P.O. Box Number is Not Acceptable) 717 E. Oak St.
City Kissimmee FL Zip Code 34744

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T KANWAL, MOHAMMED L. 11860 New Chapel Court Orlando, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/18/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)