

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

DOCUMENT # P00000026268

1. Entity Name  
**THE LAYTON GROUP INVESTMENT HOLDING CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>C/O HUFFMAN</b> Suite, Apt. #, etc. <b>223 SUNSET AV. #260</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>PAUM BEACH, FL</b>		City & State	
Zip <b>33480</b>	Country <b>USA</b>	Zip	Country

**FILED**  
**Apr 12, 2002 8:00 A.M.**  
**Secretary of State**

**REINSTATEMENT 01-00**

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-3691163</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Not Applicable <input type="checkbox"/>
	7. Name and Address of Current Registered Agent		
	Name <b>KENT HUFFMAN, ESQ.</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>223 SUNSET AVE</b> <b>SUITE 260</b> City <b>PAUM BEACH</b> FL <b>33480</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.

SIGNATURE **KENT HUFFMAN, ESQ.** **3/29/02**  
Signature, typed or printed name of registered agent and title if applicable. (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 type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/D</b> <b>DANIEL T. LAYTON</b> <b>C/O HUFFMAN, 223 SUNSET AVE. #260</b> <b>PAUM BEACH, FL 33480</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>800005326448--S</b> <b>-04/23/02--01045--020</b> <b>****908.75 ****908.75</b>
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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: **DANIEL T. LAYTON, PRES.** **3/29/02** **833-5833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)