


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

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90092 018 \*\*\*150.00

DOCUMENT # <u>8000000 33713</u>	
1. Entity Name <u>FITPORT CONSULTING INC.</u>	

**DO NOT WRITE IN THIS SPACE**

**90146781**

2. Principal Place of Business <u>4100 CRYSTAL LAKE DR. / #403</u>	3. Mailing Address <u>4100 CRYSTAL LAKE DR.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <u>#403</u>

DO NOT WRITE IN THIS SPACE

City & State <u>Pompano Beach, FL</u>	City & State <u>Pompano Beach, FL</u>
Zip <u>33064</u>	Zip <u>33064</u>
Country <u>USA</u>	Country <u>USA</u>

4. FEI Number <u>65-0999224</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT / DIRECTOR</u> <u>SHARON PORTER</u> <u>4100 CRYSTAL LAKE DR. / #403</u> <u>POMPA NO BEACH, FL 33064</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Porter 7/23/03 954 782-9832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment  
90146781  
P00000033713  
Sharon Porter  
4100 Crystal Lake Drive  
#403  
Pompano Beach, Florida 33064  
(954) 782-9832

July 23, 2003

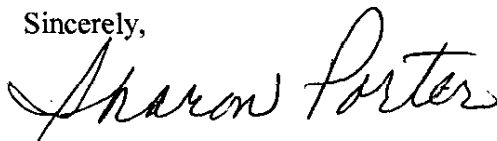
Florida Department of State  
Division of Corp.  
P.O. Box 6327  
Tallahassee, FL 32302-1500

Gentlemen:

I am writing to you to ask that a penalty fee be waived for my Uniform Business Report. Please be advised that I have not received the form to be filled out (which is the second time in the past 3 years that this has happened). Unfortunately, this is not something that I had even thought about and my only excuse is that with the death of my husband, my mind and business matters have been consumed in other ways. I apologize for not remembering earlier.

I am enclosing my check for \$150 along with the completed form which is what I have been told to do by one of your representatives in an earlier phone conversation. Thank you for your assistance.

Sincerely,



Sharon Porter

cc: Division of Corporations (Note) Check was sent to P.O. Box 6327  
P.O. box 1500  
Tallahassee, FL. 32302