

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP -9 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034199

1. Entity Name
HIPPO LAND, INC.



Principal Place of Business
1085 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154

Mailing Address
1085 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0996577		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BENES, EDGAR A ESQ 951 BROKEN SOUND PARKWAY NW SUITE 100 BOCA RATON FL 33487				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

B. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTELS, MICHAEL B			NAME			
STREET ADDRESS	1085 KANE CONCOURSE			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154			CITY-ST-ZIP	200023176162		
					09/18/03--01063--029		**\$150.00
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTELS, LISHKA C			NAME			
STREET ADDRESS	1085 KANE CONCOURSE			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~_____~~ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date **2/6/03** Daytime Phone # _____

0261151 AV

CR2E034 (10/02)

HORIZON

P R O P E R T I E S

September 5, 2003

State of Florida
Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314
Attn: Sean Toner

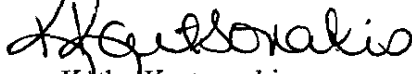
RE: Document #P00000034199
Entity Name: Hippo Land, Inc.

Dear Mr. Toner:

Pursuant to our telephone conversation on 9/4/03, enclosed please find our 2003 Uniform Business Report and check #10089 in the amount of \$150.00. Please be advised that we filed our report via the Internet on February 7, 2003, however, the transmission must not have gone through resulting in our being delinquent in the filing of our annual report. We respectfully request that the \$400.00 late fee be waived as a result of the failed transmission.

Your consideration and attention to our request is greatly appreciated. Please feel free to call me at #(305)364-9945 if you have any questions.

Sincerely,



Kathy Kartsonakis
Property Manager

/kk