

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0101726 AV

**DOCUMENT # P0000054196**

1. Entity Name  
**YOUTH UNDERGROUND, INC.**

04-07-2002 90570 030 \*\*\*150.00

Principal Place of Business <b>1900 SUMMIT TOWER BLVD.          SUITE 770          ORLANDO FL 32810</b>	Mailing Address <b>1900 SUMMIT TOWER BLVD.          SUITE 770          ORLANDO FL 32810</b>
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2. Principal Place of Business <b>450 South Orange Avenue          Suite, Apt. #, etc.          Suite 250</b>	3. Mailing Address <b>450 South Orange Avenue          Suite, Apt. #, etc.          Suite 250</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>ORLANDO, FLORIDA</b>	City & State <b>ORLANDO, FLORIDA</b>	4. FEI Number <b>59-3684063</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32801</b>	Country	Zip <b>32801</b>	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BAKER, ROBERT  
 1900 SUMMIT TOWER BLVD.  
 SUITE 770  
 ORLANDO FL 32810**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**450 South Orange Avenue, Suite 250**  
 City **ORLANDO** FL Zip Code **32801**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OFFERDAHL, JOHN 3016 BIRKDALE STREET FORT LAUDERDALE FL 33332</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OFFERDAHL, LYNN 3016 BIRKDALE STREET FORT LAUDERDALE FL 33332</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAKER, ROBERT 978 GLENMEADOW DRIVE WINTER GARDEN FL 34787-2219</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] Date: 3/29/02 Daytime Phone #: 954.384.7614

CR2E034 (9/01)