


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91787 023 \*\*\*150.00

<b>DOCUMENT #</b> <del>P07000070952</del> <b>1. Entity Name</b> EMERALD CLINTON, INC. P00000074229	
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**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3225 Aviation Avenue Suite, Apt. #, etc. <b>Suite 700</b> City & State Coconut Grove, FL Zip 33133 Country USA	<b>3. Mailing Address</b> 3225 Aviation Avenue Suite, Apt. #, etc. <b>Suite 700</b> City & State Coconut Grove, FL Zip 33133 Country USA
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DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 651115676 <input type="checkbox"/> Applied For Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
	<b>7. Name and Address of Current Registered Agent</b>
	Name Shamira Klein, Esq. Street Address (P.O. Box Number is Not Acceptable) BoFA Tower at International Pl., 100 S.E. 2nd St., Suite 3500 City Miami, FL FL Zip Code 33131-2130

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

<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 Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President</b> Stewart Marcus 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Executive Vice President and Treasurer</b> Randy Rieger 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Executive Vice President and Secretary</b> W. Peter Temling 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Senior Vice President</b> Wayne O. Norris 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. PETER TEMLING

4/30/03

Date

(305) 860-8188

Daytime Phone #

CR2E034B (12/02)