

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000077056**

1. Entity Name  
**FIFTH AVENUE ACQUISITION IV CORP.**

|   |   |
|---|---|
| Principal Place of Business<br>301 CLEMATIS STREET SUITE 3000<br><br>WEST PALM BEACH FL 33401 | Mailing Address<br>301 CLEMATIS STREET SUITE 3000<br><br>WEST PALM BEACH FL 33401 |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip Country                    | Zip Country         |

4. FEI Number  Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200  
  
 MIAMI BEACH FL 33139 US

**7. Name and Address of New 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.

SIGNATURE \_\_\_\_\_ DATE **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 |                                |                                 |  |
|----------------------------|--------------------------------|---------------------------------|--|
| TITLE                      | D                              | <input type="checkbox"/> Delete |  |
| NAME                       | RUBIN RICHARD                  |                                 |  |
| STREET ADDRESS             | 301 CLEMATIS STREET SUITE 3000 |                                 |  |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33401       |                                 |  |
| TITLE                      | D                              | <input type="checkbox"/> Delete |  |
| NAME                       | HEIDEN IVO                     |                                 |  |
| STREET ADDRESS             | 301 CLEMATIS STREET SUITE 3000 |                                 |  |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33401       |                                 |  |
| TITLE                      | D                              | <input type="checkbox"/> Delete |  |
| NAME                       | CRAFT THOMAS JJR               |                                 |  |
| STREET ADDRESS             | 301 CLEMATIS STREET SUITE 3000 |                                 |  |
| CITY-ST-ZIP                | WEST PALM BEACH FL 33401       |                                 |  |
| TITLE                      |                                | <input type="checkbox"/> Delete |  |
| NAME                       |                                |                                 |  |
| STREET ADDRESS             |                                |                                 |  |
| CITY-ST-ZIP                |                                |                                 |  |
| TITLE                      |                                | <input type="checkbox"/> Delete |  |
| NAME                       |                                |                                 |  |
| STREET ADDRESS             |                                |                                 |  |
| CITY-ST-ZIP                |                                |                                 |  |
| TITLE                      |                                | <input type="checkbox"/> Delete |  |
| NAME                       |                                |                                 |  |
| STREET ADDRESS             |                                |                                 |  |
| CITY-ST-ZIP                |                                |                                 |  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|---|--|---------------------------------|-----------------------------------|
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |
| TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |  |                                 |                                   |
| STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP   |  |                                 |                                   |

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:** Thomas J. Craft, Jr. **D** 04/30/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)