

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90052 045 \*\*\*150.00

**DOCUMENT # P00000077113**

1. Entity Name  
**FIFTH AVENUE ACQUISITION VIII CROP.**



Principal Place of Business  
**301 CLEMATIS STREET SUITE 3000  
WEST PALM BEACH, FL 33401**

Mailing Address  
**301 CLEMATIS STREET SUITE 3000  
WEST PALM BEACH, FL 33401**

2. Principal Place of Business

3. Mailing Address

**445 PARK AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**922**

City & State

City & State  
**NEW YORK, NY**

4. FEI Number  
**65-1032026**

Applied For

☒ Not Applicable

Zip

Country

Zip  
**10022**

Country  
**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**THOMAS J. CRAFT, JR**

Street Address (P.O. Box Number is Not Acceptable)

**3701 SOUTH FLAGLER DR. #203**

City  
**WEST PALM BEACH**

FL

Zip Code  
**33401**

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 **THOMAS J. CRAFT, JR**

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

(NOTE: Registered Agent Signature required when resigning)

**5/01/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**CRAFT, THOMAS J JR**  
**301 CLEMATIS STREET SUITE 3000**  
**WEST PALM BEACH, FL 33401** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HEIDEN, IVO**  
**301 CLEMATIS STREET SUITE 3000**  
**WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT, DIRECTOR**  
**HEIDEN, IVO**  
**445 PARK AVENUE, # 922**  
**NEW YORK, NY 10022** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**RUBIN, RICHARD**  
**301 CLEMATIS STREET SUITE 3000**  
**WEST PALM BEACH, FL 33401** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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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: **IVO HEIDEN, Ivo Heiden, PRESIDENT** **4-31-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **212-307-3347** Original Phone #

CR2E034 (10/02)