2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000078108 1. Entity Name S & L REPORTING, INC. Principal Place of Business 1170 N. FEDERAL HIGHWAY, APT. 1103 FORT LAUDERDALE FL 33304 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent Name ENTELIS, STEVE 1170 N. FEDERAL HIGHWAY, APT. 1103 FORT LAUDERDALE FL 33304 City Street Addre

FILED Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90061 020 ***150.00



Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
			City & State	City & State			4. 61 -1031757			plied For
						<u>(</u>	4 100111		No	t Applicable
Zip	Country Zip C			Count				\$8.75 Add Fee Require		
,	and Address of Current		7. Name and Address of New Registered Agent							
CAITCI		•	Name							
ENTELIS, STEVE 1170 N. FEDERAL HIGHWAY, APT. 1103 FORT LAUDERDALE FL 33304					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	e
8. The above n	named entity	submits this statement for	r the purpose of changing	ng its registere	ed office or regis	tered age	nt, or both, in the State of Flo	rida.		
	•				· ·	ű				
SIGNATURE _										
SIGNATORIE	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requ	iired when rein	nstating)	DATE		
Tax filing requirement and elects to do so. After MAY 1, 200					FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Fin Trust Fund Contribution	~ _)0 May Be d to Fees
11.		OFFICERS AND	DIRECTORS	12.		ADD	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS	ENTELIS, STEVE 1170 N. FEDERAL HIGHWAY, APT. 1103			NAM STRI					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENTEL 1170 FT L	IS LORRA, NFEDERAL H AV DERDHEFI	NE Delete FIGHWAY APT 133304	TITE NAM STRI CITY					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Detete	NAM STR					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAM STR	i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	NAM STR					☐ Change	Addition
TITLE			☐ Delete	e Titi	I				☐ Change	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.

CICHATURE X WW Inter

Steven J. Entelis 5-18-01 (954) 761-9929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

-{2E034 (10/00)