

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90090 019 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # P00000084425**

1. Entity Name  
**ACANTHUS INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address

**5240 MANGO BLVD**      **5240 MANGO BLVD**  
**ROYAL PALM BEACH FL 33411**      **ROYAL PALM BEACH FL 33411**



2. Principal Place of Business      3. Mailing Address

**BUSINESS Parkway**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**300 A 1**

City & State      City & State

**Royal Palm Beach FL.**

Zip      Country      Zip      Country

**33411**      **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For

**65-1052924**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BILLANE, MARK**  
**5240 MANGO BLVD**  
**ROYAL PALM BEACH FL 33411**

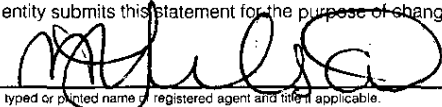
7. Name and Address of New Registered Agent

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  **MARINA BILLANE (Treasurer)** 3-5-02

Signature, typed or printed name of registered agent and firm, applicable.      (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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILLANE, MARK</b>	NAME	
STREET ADDRESS	<b>5240 MANGO BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILLANE, MARINA</b>	NAME	
STREET ADDRESS	<b>5240 MANGO BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **Marina Billane** 3-5-02 561 333 8921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #