## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000091677

Entity Name: MEMORIES OF A LIFETIME INC.

FILED Apr 15, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8590 NW 3 #10 MIAMI, FL						
Current Mailing Address:			New Maili	New Mailing Address:		
8590 NW 3 MIAMI, FL	BRD LANE #10 33126	)				
FEI Number:	: 65-1045168	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
The above	ŠRD LN 33126 US	submits this statement for the բ	ourpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			ent	Date		
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) LORETTE, KRI 8590 NW 3RD MIAMI, FL 331	LN #10	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		Delete	Title: Name: Address: City-St-Zip:	1098 MEAD	() Change (X) Addition MAXINNE A DOW DR ARK, FL 32065	
Title: Name: Address: City-St-Zip:	( )	) Delete	Title: Name: Address: City-St-Zip:	VP LORETTE, 1098 MEAE ORANGE P		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIE LORETTE P 04/15/2003