

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

5/2

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90426 049 \*\*\*150.00

DOCUMENT # P00000097579  
1. Entity Name

3 PRODIGY, INC

**DO NOT WRITE IN THIS SPACE**

- 36583

2. Principal Place of Business  
Koch REISS + Co, PA  
Suite, Apt. #, etc.

3. Mailing Address  
Koch REISS + Co, PA  
Suite, Apt. #, etc.

4700 Sheridan St. Bldg. N  
City & State

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City & State

Hollywood, FL  
City & State

Hollywood, FL  
City & State

Zip 33021 Country USA

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4. FEI Number: 65-1053262  
Applied For:  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cheryl Kaufman

Street Address (P.O. Box Number is Not Acceptable) 2301 Sunset DR.

City Miami Beach FL Zip Code 33140

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and (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)

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>P.D</u>
NAME	<u>More Philippon</u>
STREET ADDRESS	<u>4700 Sheridan St Bldg N</u>
CITY-ST-ZIP	<u>Hollywood, FL 33021</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

More Philippon More Philippon 4/20/02 954-465-7774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR