

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90193 043 ***150.00

DOCUMENT # P00000099285
1. Entity Name
The Legal Frontier, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>600 N. Pine Island Rd</u>		3. Mailing Address <u>600 N. Pine Island Rd</u>	
Suite, Apt. #, etc. <u>Suite 450</u>		Suite, Apt. #, etc. <u>Suite 450</u>	
City & State <u>Plantation, FL</u>		City & State <u>Plantation, FL</u>	
Zip <u>33324</u>	Country	Zip <u>33324</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1048276</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name <u>GENNADI V. SEDIKOV</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1400 NW 94th Terrace</u>
City, State, Zip <u>Plantation, FL 33324</u>

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if 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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>GENNADI V. SEDIKOV</u> <u>1400 NW 94th Terrace</u> <u>Plantation, FL 33324</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: G Sedikov 04.24.02 (954) 315-0194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)