

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92205 048 ***150.00

DOCUMENT # P00000101476 1. Entity Name TAN YOUR HIDE, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 5079 N. DIXIE HIGHWAY Suite, Apt. #, etc. SUITE # 203 City & State OAKLAND PARK, FL Zip 33334		3. Mailing Address 5079 N. DIXIE HIGHWAY Suite, Apt. #, etc. SUITE # 203 City & State OAKLAND PARK, FL Zip 33334	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number 65-1051037	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name CHARITY TILTON	
		Street Address (P.O. Box Number is Not Acceptable) 5079 N. DIXIE HIGHWAY, SUITE # 203	
		City OAKLAND PARK FL Zip Code 33334	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	5079 N. DIXIE HIGHWAY, STE. 203	STREET ADDRESS	
CITY- ST- ZIP	OAKLAND PARK, FL 33334	CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
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CITY- ST- ZIP		CITY- ST- ZIP	
DO NOT WRITE IN THIS SPACE			
12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>C. Tilton</i>		CHARITY TILTON, PRES.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-30-03 Daytime Phone #	

CR2E034B (12/02)