2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90251 040 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000107291

1. Entity Name
FIXED IN TIME, INC.

2. Principal Place of Business	3. Mailing Address
611 S. Hollybrook DR	611 S. Hollybrook DR.
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip 33025 Country U.S.	Zip 33025 Country U.S.

4. FEI Number 65-1057676 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name MARK MODIST
Street Address (P.O. Box Number is Not Acceptable) 611 S. Hollybrook DR. #102
City PEMBROKE PINES FL Zip Code 33025

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) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P, D	TITLE	
NAME	MARK MODIST	NAME	
STREET ADDRESS	611 S. Hollybrook DR. #102	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: [signature] President MARK MODIST 4/23/03 431-3495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #