FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 08, 2002 8:00 am Secretary of State

07-08-2002 90235 006 ***150.00

DOCUMENT # \$ 00000 117623

1. Entity Name

FREEDOM INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1021 S. PARK Rd	3. Mailing Address 1021 S. RAKK Rd				
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 20 2.				
City & State Holly Wood Florida	City & State Hollywran Plorida				
Zip Country	Zip 22671 Country				

B0127328

Not Applicable

CR2E034B (12/01)

DO NOT WRITE IN THIS SPACE

Applied For

65-1063692

33021	BINARI)	33621	Bon	vord	5. Certificate of	Status Desired		8.75 Additional se Required	
				7. Name and Address of Current Registered Agent					
DO NOT WRITE				Name Vilner Fesio					
	N THIS SP				TARY		21) ユ	
			C	i kholilu	Was	#Z	FL	Zip Code 33021	
IGNATURE THE	y submits this statement for with the statement for the statement of registered agent and the statement for the statemen	N Fesia		fice or registered			a. /52 / _{DATE}	ś	
This corporation is elig Tax filing requirement a (See criteria on back)			1, Fee is \$5 1 UBR is \$6	50.00 1.25	Trust F	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
1.	OFFICERS AND D			* 1					
THE Pres	ner fresin	4 0 0 1	TITLE NAME						

1021 5. Kned Rd # 20 STREET ADDRESS STREET ADDRESS Hollywow Fla Vice-Presiden CITY-ST-ZIP CITY-ST-ZIP TIFLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 analysis.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/2002

786 2593351

Daytime Phone #



P000001/7623. at/achment

FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

June 17, 2002

FREEDOM INC. 1021 SOUTH PARK RD #202 HOLLYWOOD, FL 33021

SUBJECT: FREEDOM INC. Ref. Number: P00000117623

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta-Williams — — Document Specialist

Letter Number: 002A00039284