## 0068192 AV

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

## DOCUMENT #

P01000002200

1. Entity Name

DOWN TWO EARTH, INC.



FILED Jul 14, 2003 8:00 am Secretary of State

07-14-2003 90332 034 \*\*\*550.00

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Principal Place of Business 1509 N.E. 16TH TERRACE FORT LAUDERDALE FL 33304			Mailing Address 1509 N.E. 16TH TERRACE FORT LAUDERDALE FL 33304									
2. Principal Place of Business			3. Mailing Address					i ( <b>141) 17</b> 0 (i) <b>1616</b> (i) 11 <b>161 17</b>			<b>16</b> 11/1 <b>10</b> 1/1 1 <b>06/</b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State			<u> </u>	4.	4. FEI Number 65-1065968 Applied For Not Applied For			<del></del>	
Zip	Country			Zip Cou			5. (	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional d	
	6. Name	Registered Agent				7. 1	Name and Address of New Re	gistered Age	nt		1	
KING, IAN						Name Street Address (P.O. Box Number is Not Acceptable)						
	38TH STR				SileerA	Sireer Address (r.o. box Number is Not Acceptable)						
OAKLAND	PARK FL	33334	•			City			FL	Zip Cod	e	
	named entit		the purp	ose of changing its	register	ed office or	registered ag	ent, or both, in the State of Flor	rida. I am fam	iliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable)									, , , , , , , , , , , , , , , , , , ,		1, i	
	Signature, typed	or printed name of registered agent a	and title it app		:: Hegistere	d Agent signati	are required when re	sinstating)	DATE	The second	1341	1
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State					,		- "	9. Election Campaign Fina Trust Fund Contribution		\$5.0 Added	O May Be I to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AC	DITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	S IN 11	1
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-03

(954/261-7660 Daytime Phone #