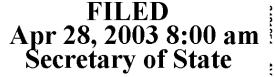
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000025890 **DOCUMENT #** 1. Entity Name



04-28-2003 90149 032 ***150.00

THE COOKIE NOOK, INC.										
Principal Place of Business 851 SE 6TH AVE 110 DELRAY BEACH FL 33483		Mailing Address 851 SE 6TH AVE 110 DELRAY BEACH FL 33483								
2. Principal Place of Business			3. Mailing Address					B) B/(0) /B/(8)	(BILL BALL LEB)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 65-1095357			oplied For	
Zip	Country		Zip Cou		ountry				8.75 Additional ee Required	
	6. Name and Address of Current	Registere	ed Agent			7. 1	Name and Address of New Registered A	gent		
ALODAE LIPOURIL PROC					Name					
MCRAE, MITCHELL T ESQ. THE ADDISON			Street Address			P.O. Box Number is Not Acceptable)				
6274 LINTON BLVD., SUITE 100							•			
DELRAY BEACH FL 33484					City		FL	Zip Cod	le	
	named entity submits this statement for tions of registered agent.	the purp	ose of changing its re	gistered o	office or registere	ed ag	gent, or both, in the State of Florida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typeri or printed name of registered agent a	nd title if app	olicable. (NOTE: Re	egistered Ag	gent signature required	when re	reinstatino) DATE			
		The map	(10 /LI	ogistorou / ig	Joint organisms 7 octobris	***************************************	J. T.	•		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND		RS	11.		AD	L DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	PTD		Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FOSMIRE, MICHELE 1120 HOMEWOOD BLVD., G-102 DELRAY BEACH FL 33445			NAME STREET A CITY-ST-	1					
TITLE NAME STREET ADDRESS	VPSD FOSMIRE, CHRISTOPHER R 110 N.W. 70TH STREET, #103		☐ Delete	TITLE NAME STREET A	.ODRESS		,	☐ Change	Addition	
CITY-ST-ZIP	BOCA RATON FL 33487			CITY-ST-	-ZIP		·		-	
NAME STREET ADDRESS CITY-ST-ZIP	ு – வுரண ആ⊒		LJ Delete	NAME STREET AI CITY-ST-	i			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AI CITY-ST-				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET AI CITY-ST-	i		•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* 10		□ Delete	TITLE NAME STREET AL CITY-ST-	L L			☐ Change	Addition	
indicated of the cor	on this report or supplemental report is	true and a wered to a	accurate and that my sexecute this report as	signature	shall have the s	ame I	119.07(3)(i), Florida Statutes. I further certi legal effect as if made under oath; that I ar ida Statutes; and that my name appears in	n an officer	or director	

SIGNATURE: