FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90481 001 ***150.00

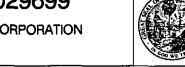
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000029699 **DOCUMENT #**

1. Entity Name

FIGHT	TWFNTY	NINE	MANAGEMENT	CORPORATION



Principal Place of Business 41 BAY COLONY DRIVE FT LAUDERDALE FL 33308

Mailing Address 41 BAY COLONY DRIVE FT LAUDERDALE FL 33308

2. Principal Place of Business 3. Mailing Address Suite Ant # etc	CK HERE IF MAKING CHANGES		
Suite, Apt. #, etc. Suite, Apt. #, etc.	CK HERE IF MAKING CHANGES		
	. O. T.		
City & State City & State 4. FEI Number 65-	1109519 Applied For Not Applicable		
Zip Country Zip Country 5. Certificate of Status	S Desired		
6. Name and Address of Current Registered Agent 7. Name and Address	s of New Registered Agent		
Name	Name		
MERRILL A. BOOKSTEIN, COUNSELOR AT LAW, P.A.	Street Address (P.O. Box Number is Not Acceptable)		
2499 GLADES RD, SUITE 308	Street Address (r.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			
	7		
City	FL Zip Code		
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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00			
After May 1, 2003 Fee will be \$550.00	mpaign Financing \$5.00 May Be		
Make Check Payable to Florida Department of State	Contribution.		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD Delete TITLE	☐ Change ☐ Addition		
NAME SCHULTZ, RICHARD D	shangs stanton		
STREET ADDRESS 41 BAY COLONY DRIVE STREET ADDRESS			
CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP			
TITLE STD Delete TITLE	☐ Change ☐ Addition		
NAME SCHULTZ, ANGILEE NAME	C. Change C. Adams		
STREET ADDRESS 41 BAY COLONY DRIVE STREET ADDRESS			
CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP			
TITLE Delete TITLE	☐ Change ☐ Addition		
NAME NAME	-		
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CITY-ST-ZIP CITY-ST-ZIP			
TITLE Delete TITLE	☐ Change ☐ Addition		
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CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE	☐ Change ☐ Addition		
CITY-ST-ZIP CITY-ST-ZIP .	☐ Change ☐ Addition		

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

SIGNATURE: