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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031097

1. Entity Name
EBOX, INC.

700021784397
07/24/03--01030--026 **61.25

☑ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1010 SEMINOLE Dr. Suite 706, Fort Lauderdale FL 33304-3219	1010 SEMINOLE Dr. Suite 706, Fort Lauderdale FL 33304-3219
2. Principal Place of Business: 1010 SEMINOLE Dr.	3. Mailing Address: 1010 SEMINOLE Dr.
Suite, Apt. #, etc.: Suite 706	Suite, Apt. #, etc.: Suite 706
City & State: FORT LAUDERDALE, FL	City & State: Fort Lauderdale, FL
Zip: 33304-3219 Country: USA	Zip: 33304-3219 Country: USA

4. FEI Number: 65-1091184 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B
2021 TYLER STREET
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FILING IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ST. AMAND, STANLEY C 2880 N. OAKLAND FOREST DRIVE, APT. 307 FT. LAUDERDALE, FL 33309	☐ Delete	D RAMON, BRAYAN 2880 N. OAKLAND FOREST Drive, Suite 307 Ft. Lauderdale, FL 33309	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SMAALI, MAHDI 2880 N. OAKLAND FOREST DRIVE., APT 307 FT. LAUDERDALE, FL 33309	☐ Delete	D ST. AMAND, STANLEY C. 2880 N. OAKLAND FOREST Drive, Suite 307 Ft. Lauderdale, FL 33309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYES, ROBERT 2880 N. OAKLAND FOREST DRIVE, APT. 307 FT. LAUDERDALE, FL 33309	☑ Delete	PD MURSI, HATIM 2880 N. OAKLAND FOREST Drive, Suite 307 Ft. LAUDERDALE, FL 33309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURSI, HATIM 2880 N. OAKLAND FOREST DRIVE, APT. 307 FT. LAUDERDALE, FL 33309	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Address for all Officer/Directors is: 1010 Seminole Dr Suite 706 Fort Lauderdale, Fl 33304-3219	☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: STANLEY C. ST-AMAND 06/06/03 (561)346-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #