2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000031875

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90121 027 ***150.00

| FITNES | S TALK, INC. | | | 03-19-2003 90121 027 | 130.00 | |
|--|---|--|---|---|--|--|
| 9400 LIVE (| ace of Business OAK PLACE #308 DERDALE FL 33324 | Mailing Address 9400 LIVE OAK PLACE FORT LAUDERDALE FL | | T IBONIBON IN BRIBI INDIA BONI BONI BONI BONI BONI BONI BONI BONI | 1) KINDS (RISS (NON) A) (4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 | |
| 2. Principal | I Place of Business | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE !F MAKING C | HANGES | |
| City & State | | City & State | | 4. EEI Number | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8 | Not Applicable 3.75 Additional | |
| | 6. Name and Address of Curren | t Registered Agent | <u> </u> | 7. Name and Address of New Registered Age | Required | |
| | | | Name | 7. Name and Address of New Registered Age | nt | |
| | vitz, daniel esq. Flagler street | Street Address | | ss (P.O. Box Number is Not Acceptable) | P.O. Box Number is Not Acceptable) | |
| PENTHO | OUSE 104 | | | | | |
| MIAMI FL | | · | City | FL | Zip Code | |
| 8. The above the obliga | e named entity submits this statement for ations of registered agent. | or the purpose of changing it | s registered office or regis | stered agent, or both, in the State of Florida. I am fami | liar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NO | TE: Registered Agent signature requ | uired when reinstating) DATE | | |
| Afte | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o | | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| TITLE | D OFFICERS AND | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIR | ECTORS IN 11 | |
| NAME STREET ADDRESS CITY-ST-ZIP | LOWENBERG, STEVEN 9400 LIVE OAK PLACE #308 FORT LAUDERDALE FL 33324 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | ☐ Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | Change Addition | |
| ITLE AME TREET ADDRESS ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | |
| TLE AME TREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | | Change | |

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: