

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90427 032 \*\*\*150.00

DOCUMENT # 2010000 32902

1. Entity Name

ELEVATE INCORPORATED

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

728 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

301

City & State

BOLTA RATON, FL.

Zip

33433

Country

USA

3. Mailing Address

2400 N.E. 25TH PLACE

Suite, Apt. #, etc.

3

City & State

FORT LAUDERDALE, FL.

Zip

33304

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ARYKSIN NOBLE

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

7280 W. PALMETTO PARK RD. SUITE 301

City

BOLTA RATON, FL.

**FL**

Zip Code

33433

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME MR. CASEY NOLTER, PRESIDENT  
STREET ADDRESS 13920 MOORBACK ST. #308  
CITY-ST-ZIP SHERMAN OAKS, CA.

TITLE NAME ARYKSIN NOBLE, VICE PRESIDENT  
STREET ADDRESS 7280 W. PALMETTO PARK RD. #301  
CITY-ST-ZIP BOLTA RATON, FL. 33433

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

818-231-2373

Daytime Phone #