## FOR PROFIT CORPORATION

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DOCUMENT # 10 1000 40 64				FILED		
AFTER MIDNIGHT, INC.				02 JUL 10 AM 10: 25		
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAR ASSET, FUCADA	
		<u> </u>	*			
2. Principal Place of Business 1685 Forum Place		3. Mailing Address 1685 Forum Place				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State West Palm Beach, FL		City & State West Palm Beach, FL		FL	4. FEI Number Applied For 65–1096014 Not Applied	
Zip 33401	Country	Zip 33401	Coun	try USA	5. Certificate of Status Desired \$8.75 Additional	
- Verdie j, v	The Table of the Control of the Cont	and the second	no." no worke sie		Fee Required 7. Name and Address of Current Registered Agent	
Name Hours				Name Howar	ard J. Milchman, Esquire	
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE		9600 West Sample Road, Suite 507		
		v	j	City	al Springs FL Zip Code 33065	
8. The above	e named entity submits this matement for	the purpose of changing its	registere		al Springs FL 33065 ered agent, or both, in the State of Florida.	
	/ Xalla	and the state of t	, rogistore	d office of register		
SIGNATURE (	Signature, typed of printed happe of registered agent ar	d title if applicable. (NOT	F: Registered	Agent signature required	6/20/03	
Tax filing requirement and elects to do so.  Aft  (See criteria on back)			- May 1 Fee is \$150.00 fay 1, Fee is \$550.00 ded UBR is \$61.25 lyable to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND D					
NAME STREET ADDRESS CITY-ST-ZIP	P/D   Leslie Eby   1685 Forum Place   West Palm Beach, FL	33401		. 1	4000063448142 -07/12/0201017010 ****150.00 ****150.00	
NAME STREET ADDRESS CITY-ST-ZIP	VP Phillip J. Eby 1685 Forum Place West Palm Beach, FL	33401		T ADDRESS ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP	Account and Detection of the		-TITLE- NAME STREE CITY-S	T ADDRESS	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	F ADDRESS ST-ZIP	IN THIS SPACE	
NAME STREET ADDRESS	-	•	TIFLE NAME STREET	ADDRESS		
CITY-ST-ZIP			CITY-S			
TITLE NAME			TITLE			
STREET ADDRESS			NAME STREET	ADDRESS		
CITY-ST-ZIP			CITY-S			
13. I hereby co	ertify that the information supplied with th	is filing does not qualify for	the exem	ption stated in Sec	ection 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:** 

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02 (5761)682-1002

## HOWARD J. MILCHMAN, P.A.

9600 West Sample Road Suite 507 Coral Springs, FL 33065 Telephone (954) 753-8070 Fax (954) 753-9303

June 21, 2002

Uniform Business Report **Division of Corporations** Post Office Box 1500 Tallahassee, Florida 32302-1500

Re:

After Midnight, Inc.

Our File No.: 22515

To Whom It May Concern:

Please be advised that the undersigned law firm represents After Midnight, Inc. Pursuant to your directive, please find enclosed the For Profit Corporation Uniform Business Report which has been completed on behalf of my client. It is our understanding that under the current circumstances, the late filing fee of \$550.00 will be waived. Those circumstances being that my client purchased the corporation in January, 2002 and the prior owners neglected to forward any of the necessary corporate documentation to my client in order to timely file.

Of course, if you require anything further, please do not hesitate to contact my office. Thank you in advance for your consideration of the foregoing.

Sincerely,

HOWARD J. MILCHMAN

For the Firm

HJM:smr **Enclosure**