

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0306280  
 AV

03-14-2002 90013 021 \*\*\*150.00

**DOCUMENT # P01000048247**

1. Entity Name  
**AIRSTREAM INTERNATIONAL MANAGEMENT, INC.**

Principal Place of Business <b>2501 N.E. 11 ST.          FT. LAUDERDALE FL 33304</b>	Mailing Address <b>2501 N.E. 11 ST.          FT. LAUDERDALE FL 33304</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2501 NE 11 ST</b> Suite, Apt. #, etc. <b>PENTHOUSE A</b>	3. Mailing Address <b>2501 NE 11 ST</b> Suite, Apt. #, etc. <b>PENTHOUSE A</b>
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City & State <b>FT. LAUDERDALE FL.</b>	City & State <b>FT. LAUDERDALE FL.</b>	4. FEI Number <b>65-1100156</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33304</b>	Country <b>FLORIDA</b>	Zip <b>33304</b>	Country <b>FLORIDA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**KOPSON, JOHN E**  
**7300 W. CAMINO REAL, #126**  
**BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name  
**PRICE, ROBERT ANDREW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2501 NE 11 ST, PENTHOUSE A, FLORIDA**  
 City  
**FORT LAUDERDALE FL** Zip Code  
**33304**

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 **PRESIDENT R.A. PRICE** DATE **3/13/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PRICE, ROBERT</b> <b>2501 N.E. 11 ST.</b> <b>FT. LAUDERDALE FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **R.A. PRICE** DATE **3/13/02** DAYTIME PHONE # **(954) 907 1429**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)