


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

APPROVED  
AND  
FILED

07 APR 25 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JSK*

DOCUMENT # P01000057406	
1. Entity Name NATIONAL DEBIT CORP.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 630 1st Avenue Suite, Apt. #, etc. Unit 15N City & State New York, NY Zip 10016	Country	3. Mailing Address The same Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1111894	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street, 4th Floor City Miami	
FL	Zip Code 33145

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required on registration) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Irene H. Marmott 630 1st Avenue, Unit 15N New York, NY 10016	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD Stephen Marmott 630 1st Avenue, Unit 15N New York, NY 10016	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600101227646 05/02/07--01044--027 **\$150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	600101227646 05/02/07--01044--028 **\$8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Irene H. Marmott* Irene H. Marmott  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 *JSK*  
Date Date Filed

CR2E034B (12/02)