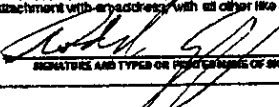


FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 91053 001 ***300.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058725			
1. Entity Name THE BACK ZONE, INC.			
Principal Place of Business 924 SAVANNAH FALLS DR Weston FL 33327 us		Mailing Address 924 SAVANNAH FALLS DR Weston FL 33327 us	
3. Principal Place of Business 924 SAVANNAH FALLS DR Suite, Apt. #, etc.		3. Mailing Address 924 SAVANNAH FALLS DR Suite, Apt. #, etc.	
City & State Weston FL		City & State Weston FL	
Zip 33327		Country USA	
4. FEI Number 65-1118959		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent GOLDBERG, TODD		7. Name and Address of New Registered Agent	
Name GOLDBERG, TODD		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City FL		City FL	
Zip Code		Zip Code	
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 fee if applicable. (NOTE: Registered Agent Signature Required when instituting)			
9. Election Campaign Financing Trust Fund Contribution. ☐		10. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P		TITLE ☐ Change ☐ Addition	
NAME GOLDBERG, TODD		NAME	
STREET ADDRESS 844 NE 72ND STREET		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33487		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date: 5/20/03 65-1118959-9515	
SIGNATURES AND TYPED OR PRINTED NAMES OF SIGNING OFFICERS OR DIRECTOR			

CFR2034 (10/02)