## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 02, 2003 8:00 am Secretary of State

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DOCUMENT # P01000059821 1. Entity Name FLON-RIGHTS, Inc.					)		
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	DO NOT WRI	ie in inio oi	M	,E			
1045 Mei		3. Mailing Address 1045 Merritt Drive					,
Suite, Apt.	. #, etc.	Suite, Apt. #. etc.			DO NOT WRITE	IN THIS SPA	ACE ´
City & Stat Tallahass	see, FL	City & State Tallahassee, FL	<u> </u>		4. FEI Number		Applied For  Not Applicable
Zip 32301	Country USA	32301	Cour USA		5. Certificate of Status Desired		3.75 Additional e Required
			Okumana area na	Name Dorole	7. Name and Address of Current R		
DO NOT WRITE				Farale	gal & Attorney Service Bureau, Inc.		
IN THIS SPACE				Street Address	(P.O. Box Number is Not Acceptable)		
				1045 Merritt Drive			
				Cily Tallaha	ssee	FL	Zip Code <b>32301</b>
	Signature Topical or nested name of regiscord: nuary 1/- May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departmer	Topon San Control		at Agent signature require	Election Campaign Finar     Trust Fund Contribution.	DATE noting	\$5.00 May Be Added to Fees
10.		ND DIRECTORS				,	
TITLE NAME STREET ADDRESS ONY-ST-ZIP	Huth, Malte P.O. Box 1305, Starnbe Germany, D-82319	PSD rg	nam Stre				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				mit em liki e			
TITLE NAME STREET ADDRESS CHY-ST-ZIP			<b>*</b>				
of the cor	certify that the information supplied on this report or supplemental repor- poration or the receiver or trustle int with an address, with all other like	emhowered to execute this renor	Las requ	mption stated in Seture shall have the uired by Chapter 6	ection 119.07(3)(i), Florida Statules, I (i same legal effect as if made under oa 07, Florida Statutes; and that my name	irther certify th; that I am a appears in	that the information in efficer or director Block 10 or on an

02/02/03

Daytime Phone #