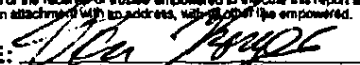


FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90087 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P01000061485		
1. Entity Name ONE CLICK INC.		
Principal Place of Business 2800 E COMMERCIAL BLVD, STE 208 FT LAUDERDALE, FL 33308		Mailing Address 2800 E COMMERCIAL BLVD, STE 208 FT LAUDERDALE, FL 33308
2. Principal Place of Business		3. Mailing Address
State, Apt. #, etc.		State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEE Number 65-1117810		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KATZ, ALLEN H 2800 E COMMERCIAL BLVD, STE 208 FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 date 2 and 4 only. NOTE: Registered Agent's (typed) name and address. DATE		
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	P KRIEGER, TOM HARALD 2370 NE 136 ST, #401 N MIAMI, FL 33181 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRIEGER, GABY 2370 NE 136 ST, #401 N MIAMI, FL 33181 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 registered trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with to address, name, or office of the empowered.		
SIGNATURE:  April 25-03 SIGNATURE AND TYPES OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR Date Daying Period		