

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90147 021 ***150.00

DOCUMENT # P01000066811

1. Entity Name
UPN INC

70028380

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>801 SW 89 TER</u>		3. Mailing Address <u>2525 N. STATE RD 7</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>115</u>	
City & State <u>PLANTATION, FL</u>		City & State <u>HOLLYWOOD, FL</u>	
Zip <u>33324</u>	Country <u>US</u>	Zip <u>33021</u>	Country <u>US</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-1118625</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>STEVE Z LEVY</u> Street Address (P.O. Box Number is Not Acceptable) <u>2525 N STATE RD 7 - STE 115</u> City <u>HOLLYWOOD</u> FL Zip Code <u>33021</u>		

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 (X) [Signature] **DATE** 3/10/03

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>ERAN ZMORA</u> <u>801 SW 89 TER</u> <u>PLANTATION, FL 33324</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) [Signature] **DATE:** 3/10/03 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR