## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED P01000D7347D DOCUMENT # 1. Entity Name 02 OCT 2! AMII: 10 SCARS OF LIFE, INC. SECRETARY OF STATE TĂLLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6972 NW 8TH STREET 6972 NW 8TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1127311 MARGATE, FL MARGATE, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33063 33063 USA USA Fee Required 7. Name and Address of Current Registered Agent KARA L RODMAN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 6972 NW 8TH STREET City MARGATE 33063 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. KARA L RODMAN 10/16/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE Director Jason A. Rodman 6972 NW 8th Street MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Margate, FL 33063 CITY-ST-ZIP TITLE Director TITLE Joseph M. Raio 800008448708 NAME 5510 Lyons Road Apt 107 NAME 0/12/02--01050--001 \*\*\*\*150.00 \*\*\*\*150.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP oconuf Creek, FL CITY-ST-ZIP TITLE Director TITLE Michael E. Kennedy 6187 Overland Place NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE Delray Beach, FL 33484 Director CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE IN THIS SPACE Anthony Parrinello 3854 Eyons Road April 202 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP sconuf Creek, FL 33073 CITY-ST-ZIP Director TITLE Kyle J. Shapiro TITLE NAME 18854 Lyons Road Apt. 202 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP oconut Creek, FL 33073 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. 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 11 or on an attachment with an address, with all other like empowered.

JASON A RODMAN

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10/16/02

Js 10/23/02

(954) 753-1730

Daytime Phone /

October 17, 2002

In regards to: Uniform Business Report

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

I was recently retained by Scars Of Life, Inc. to assist them in their business matters. I was informed that they have never received any information or forms from the Division of Corporations regarding the processing of their Articles of Incorporation. I then went to the Department of State website to see if the corporation had been formed, and I found that it was in the processes of being dissolved for the non-filing of the Uniform Business Report. I am enclosing the Uniform Business Report and the original filing fee of \$150.00, due to that they have never received any information or forms from the Division of Corporations.

Cordially,

Kara Rodman Business Manager

Scars Of Life, Inc.

Enclosures (2)