FILED

03 MAY -5 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081025

1. Entity Name
LTTT, INC.

Principal Place of Business	Mailing Address
2699 STIRLING ROAD C-405 FORT LAUDERDALE, FL 33312	2699 STIRLING ROAD C-405 FORT LAUDERDALE, FL 33312

2. Principal Place of Business	3. Mailing Address
3711 SW 47th Ave., Ste. 204 Davie, FL 33314	3711 SW 47th Ave., Ste. 204 Davie, FL 33314
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number — [X] Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA REGISTERED AGENTS, INC. 2699 STIRLING ROAD A-201 FORT LAUDERDALE, FL 33312	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TWERSKY, JONATHAN MR 2699 STIRLING ROAD, C-405 FORT LAUDERDALE, FL 33312	☐ Delete	DP TWERSKY, JONATHAN MR. 3711 SW 47TH Ave., Ste. 204 DAVIE, FL 33314	[X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D VICE CHAIR GLEASON, KEVIN C. MR. 2699 STIRLING RD, STE A-201 FT. LAUDERDALE, FL 33312	☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	400018018324 05/05/03--01096--015 **1500.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN C. GLEASON, VICE CHAIR
DATED: APRIL 30, 2003
PHONE 954-893-7670

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