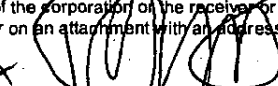


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90209 018 ***150.00

| | | | |
|--|-------------------------------|--|---|
| DOCUMENT # <i>PO1000091082</i> | | | |
| 1. Entity Name BIZER INVESTMENTS, INC. | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. 1500 S. OCEAN BLVD #1504 City & State BOCA RATON FL | | Suite, Apt. #, etc. 2100 GARDINER LANE #207 City & State LOUISVILLE KY | |
| Zip 33432 | Country US | Zip 40205 | Country US |
| | | 4. FEI Number 31-1801673 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required. | |
| DO NOT WRITE IN THIS SPACE | | 7. Name and Address of Current Registered Agent | |
| | | Name BIZER, ELLEN B. | |
| | | Street Address (P.O. Box Number is Not Acceptable) 1500 S OCEA BLVD, #1504 | |
| | | City BOCA RATON | FL Zip Code 33432 |
| 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) | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | DIRECTOR | TITLE | |
| NAME | BIZER, ELLEN B. | NAME | |
| STREET ADDRESS | 1500 S OCEAN BLVD, #1504 | STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON, FL 33432 | CITY - ST - ZIP | |
| TITLE | DIRECTOR | TITLE | |
| NAME | DEMARCO, LYNN BIZER | NAME | |
| STREET ADDRESS | 1542 SE 12TG ST | STREET ADDRESS | |
| CITY - ST - ZIP | DEERFIELD BEACH, FL 33432 | CITY - ST - ZIP | |
| TITLE | DIRECTOR | TITLE | |
| NAME | ROTH, BRUCE J. CPA | NAME | |
| STREET ADDRESS | 2100 GARDINER LANE, SUITE 207 | STREET ADDRESS | |
| CITY - ST - ZIP | LOUISVILLE, KY 40205 | CITY - ST - ZIP | |
| TITLE | DIRECTOR | TITLE | |
| NAME | COAN, MARVIN L, ESQ | NAME | |
| STREET ADDRESS | 239 S FIFTH ST | STREET ADDRESS | |
| CITY - ST - ZIP | LOUISVILLE, KY 40202 | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| DO NOT WRITE IN THIS SPACE | | | |
| 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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>X</i>  DIRECTOR | | Date <i>5-1-03</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

CR2E034B (12/02)