2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000107214

FILED Feb 18, 2002 8:00 AM Secretary of State

Entity Name: FITNES	S INTERACTIVE TRAINING INC) .				
Current Principal Place of Business:		New Prince	New Principal Place of Business:			
710 BOCA CIEGA ISLE SAINT PETERSBURG						
Current Mailing Address:		New Maili	New Mailing Address:			
710 BOCA CIEGA ISLE SAINT PETERSBURG						
FEI Number: 59-3754495	FEI Number Applied For ()	FEI Number Not App	licable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
SCHECHNER, STEVEI 710 BOCA CIEGA ISLE ST. PETERSBURG BE	DRIVE					
The above named entity in the State of Florida.	/ submits this statement for the p	ourpose of changing	ts registered	l office or registered agent, or	both,	
SIGNATURE:						
Electro	onic Signature of Registered Age	ent		Date		
	to satisfy its Intangible Tax filing req ng Trust Fund Contribution ().	uirement and elects to	do so (X).			
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: P (Name: O'FRIEL, KEN Address: PO BOX 434) Delete //IN C	Title: Name: Address:	V O'FRIEL, KE PO BOX 434			

PATCHOUGE, NY 11772

City-St-Zip:

City-St-Zip: OAKDALE, NY 11767 City-St-Zip: OAKDALE, NY 11767 () Delete Title: (X) Change () Addition SCHECHNER, STEVEN A SCHECHNER, STEVEN A Name: Name: Address: 710 BOCA CIEGA ISLE DR Address: 710 BOCA CIEGA ISLE DR ST PETERSBURG BEACH, FL 33706 ST PETERSBURG BEACH, FL 33706 City-St-Zip: City-St-Zip: Title: Title: () Change () Addition () Delete Name: SMITH, DONALD V Name: Address: 13 CLEVELAND ST Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEVEN SCHECHNER Ρ 02/18/2002