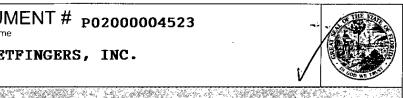
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000004523

1. Entity Name

SWEETFINGERS, INC.

DC



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91398 012 ***158.75

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2. Principal Pla	ace of Busine	SS		3. Mailing Address											
PO_Box				PO Box 7486	5										
Suite, Apt. #	#, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State)			City & State				4. FE	El Number			Applied For			
North I	Port,	FL		North Port,	FL			0	Not Applicable						
^{Zip} 34287	į	Country		Zip 34287 *	Coun	try						75 Additional Required			
		1 1 to 1 to 1		A CONTRACTOR OF THE PROPERTY OF THE PARTY OF		Nama		7. Name and Address of Current Registered Agent							
	~		F 14/F	W.T.E.		Name	Vale	erie V Green							
	U	O NOT			en sterningen gelieb	Street Address (P.O. Box Number is Not Acceptable)									
	II N	I THIS	SPA	CE			8103	_Wa	Wawana Rd						
				and the second s	Carrier (September 1987) Signature (September 1987)	000									
						City	Nort	th Port FL Zip Code 34287							
			ement for th	e purpose of changing its	registere	ed office or	registere	ed agen	nt, or both, in the State of Flo	rida. I ar	n familia				
the colligation	ons of register	red agent							•						
SIGNATURE _	<u> </u>								·						
	sa na nama nama na	printed name of regist	communication advised	title if applicable. (NOTE	: Registered	d Agent signatu	re required o	when reins	stating)	DATE	<u>-</u>				
	After May 1,	Fee is \$550.0	0 .	*				<i>'</i>	9. Election Campaign Fin		_	\$5.00 May Be			
		JBR is \$61.25 Torida Depart		ate					Trust Fund Contribution	1.	П	Added to Fees			
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I hereby certify that the information supplied with this filling 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 of 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:

NAME O SIGNING OFFICER OR DIRECTOR

Daytime Phone #