


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

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90001 006 ***150.00

DOCUMENT # 1. Entity Name <i>Socratic Arts, Inc.</i>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Florida</i>		3. Mailing Address <i>1606 Everglade Ave</i>	
Suite, Apt. #, etc. <i>1606 Everglade Ave</i>		Suite, Apt. #, etc.	
City & State <i>Palm Beach FL</i>		City & State <i>Palm Beach FL</i>	
Zip <i>33480</i>	Country <i>USA</i>	Zip <i>33480</i>	Country <i>USA</i>

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4. FEI Number <i>02-0537618</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name <i>Stuart Klein, Esq.</i>	
Street Address (P.O. Box Number is Not Acceptable)	
<i>1551 Forum Place, Suite 400 B</i>	
City <i>West Palm Beach</i>	State <i>FL</i> Zip Code <i>33401</i>

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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
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10. OFFICERS AND DIRECTORS			
TITLE <i>Director</i>	NAME <i>Roger Schank</i>	TITLE	NAME
STREET ADDRESS <i>1606 Everglade Avenue</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Palm Beach, FL 33480</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* *Roger Schank* 3/15/04 561-655-7319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)