2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000019544

1. Entity Name

LUDEMANN ARTS INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90063 038 ***150.00

CADENA, PATRICIA MRS 21938 REMSEN TERRACE APT # 106 BOCA RATON FL 33433 City FEE INOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME CITY-SI-ZIP Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 7. Name and Address of New Registered Agent Name CADENA, PATRICIA MRS Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, Nysed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when relinstating) DATE 9. Election Campaign Financing \$5.00 make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME STREET ADDRESS CITY-SI-ZIP CADENA, PATRICIA MRS 21938 REMSEN TERRACE # 106 BOCA RATON FL 33433 CITY-SI-ZIP CITY-SI-ZIP	olicable al
City & State Country Country Country Country S. Certificate of Status Desired \$8.75 Addition Fee Required Fee Required Fee Required T. Name and Address of New Registered Agent Name CADENA, PATRICIA MRS 21938 REMSEN TERRACE APT # 106 BOCA RATON FL 33433 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE FLE NOW!! FEE Is S150,00 Make Check Payable to Floridad name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FLE NOW!! FEE Is \$150,00 Make Check Payable to Floridad Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME STREET ADDRESS CITY-S1-ZIP Delete TITLE CADENA, PATRICIA MRS 21938 REMSEN TERRACE # 106 BOCA RATON FL 33433 CITY-S1-ZIP Delete TITLE NAME STREET ADDRESS STREET	olicable al
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iiii).	Addition

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.