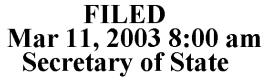
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P0200060693  1. Entity Name THE SPROUT GROUP, INC.				Secretary of State 03-11-2003 90148 016 ***150.00		
Principal Place of Business 704 LAKE AVENUE LAKE WORTH FL 33460		Mailing Address 704 LAKE AVENUE LAKE WORTH FL 33460				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number EIN 71-0888076		pplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	
<del></del>	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent	
KENNEY, MICHAEL T			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
LAKE WORTH FL 33460						
			City	F	Zip Cod	e
Afte Make Checl	Signature, typed or printed name of registered agent of the NOW!!!- FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		: Ragistered Agent signature require	9. Election Campaign Financing		May Be
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR:	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEY, MICHAEL T 704 LAKE AVENUE LAKE WORTH FL 33460	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEY, MICHAEL T 704 LAKE AVENUE LAKE WORTH FL 33460	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information a posting with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

I nereby 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 any 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 empty and accurate any 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 empty and the execute this report is 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 empty.

**SIGNATURE:** 

KED

2-16-03 (561)586-1131