


**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90084 027 \*\*\*150.00

DOCUMENT # P02000065473

1. Entity Name  
NOTEBOOK TRADERS, INC.





Principal Place of Business	Mailing Address
4805 NW 79 AVE	2307 DOUGLAS RD
11	400
MIAMI FL 33166	MIAMI FL 33145

2. Principal Place of Business <b>7483 SW 82 ST</b>	3. Mailing Address
Suite, Apt. #, etc. <b>305</b>	Suite, Apt. #, etc.

City & State <i>MIAMI FLA</i>		City & State	
Zip <i>33143</i>	Country <i>MIAMI-DADE</i>	Zip	Country

<b>4. FEI Number</b> <div style="font-size: 1.5em; font-family: cursive;">02-0618897</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Applied For</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Not Applicable</td> <td></td> </tr> </table>	Applied For		Not Applicable	
Applied For					
Not Applicable					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					

6. Name and Address of Current Registered Agent
OVIES, IDA C 2307 DOUGLAS RD 400 MIAMI FL 33145

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	
Signature, typed or printed name of registered agent and title (if applicable).	(NOTE: Registered Agent signature required when reinstating) DATE

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2003 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be          Added to Fees</p>
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[illegible]

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby 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 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.

**SIGNATURE:**

SIGNATURE REQUIRED

1/3/02 305 169 9241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)