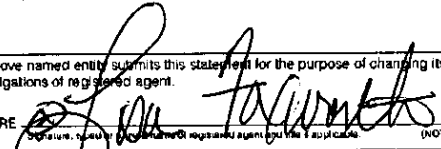
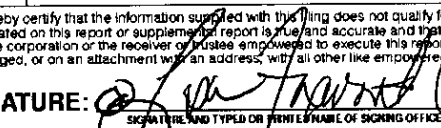


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90147 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000070826		
1. Entity Name FOX-C, INC.		
Principal Place of Business 701 NW 141ST AVE. APT. 211 PEMBROKE PINES, FL 33028		Mailing Address 701 NW 141ST AVE. APT. 211 PEMBROKE PINES, FL 33028
2. Principal Place of Business 4986 SW 159TH AVE		3. Mailing Address 4986 SW 159TH AVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIRAMAR FL		City & State MIRAMAR FL
Zip 33027		Country BR0
4. FEI Number 76-0725-163		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FOXWORTH-CUMMINGS, LISA 701 NW 141ST AVE. APT. 211 PEMBROKE PINES, FL 33028		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 4986 SW 159TH AVE City MIRAMAR FL Zip Code 33027		
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  DATE 3/10/03 (NOTE: Registered Agent's signature required when returning)		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	D	☐ Delete
NAME	FOXWORTH-CUMMINGS, LISA	
STREET ADDRESS	701 NW 141ST AVE. APT. 211	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	D	☐ Delete
NAME	FOXWORTH, TAWANDA	
STREET ADDRESS	701 NW 141ST AVE. APT. 211	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☒ Change ☐ Addition
NAME	4986 SW 159TH AVE.	
STREET ADDRESS	MIRAMAR, FL 33027	
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	4986 SW 159TH AVE.	
STREET ADDRESS	MIRAMAR, FL 33027	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 employees.		
SIGNATURE:  DATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		