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	3. Mailing Address
4986 SW 159TH AVE	4986 SW 159TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR FL	City & State: MIRAMAR FL
Zip: 33027 Country: BRO	Zip: 33027 Country: BRO

☐ CHECK HERE IF MAKING CHANGES

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 144~~ST AVE.
~~APT. 214~~
~~PEMBROKE PINES~~, FL 33028

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 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 [signature] 3/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS / 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10.		Delete	11.		Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOXWORTH-CUMMINGS, LISA ~~701 NW 141ST AVE. APT. 211~~ ~~PEMBROKE~~ PINES, FL 33028	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4986 SW 159TH AVE. MIRAMAR, FL. 33027	☑	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOXWORTH, TAWANDA ~~701 NW 141ST AVE. APT. 211~~ ~~PEMBROKE PINES, FL 33028~~	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4986 SW 159TH AVE. MIRAMAR, FL. 33027	☑	☐
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CR2E034 (10/02)

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] FOXWORTH CUMMINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #