

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

**900000000**

\_\_\_\_\_

02052008 Chg-P CR2E034 (12/06)

4. FEI Number <b>30-0136593</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, NICHOLAS M ESQ  
SUNTRUST INTERNATIONAL CENTER  
ONE SE 3RD AVENUE SUITE 2400  
MIAMI, FL 33131

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEDER, SAMUEL E	
STREET ADDRESS	6530 WEST ROGERS CIRCLE SUITE 31	
CITY - ST - ZIP	BOCA RATON, FL 33487	

TITLE 4755 Technology Way Ste. 202 ☒ Change ☐ Addition  
NAME Boca Raton, FL 33431-3338

TITLE	D	<input type="checkbox"/> Delete
NAME	LEDER, SEAN M	
STREET ADDRESS	6530 WEST ROGERS CIRCLE SUITE 31	
CITY-ST- ZIP	BOCA RATON, FL 33487	

TITLE 4755 Technology Way Ste. 202 ☒ Change ☐ Addition  
NAME Boca Raton, FL 33431-3338  
CITY ADDRESS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEDER, RHONNIE	
STREET ADDRESS	6530 WEST ROGERS CIRCLE SUITE 31	
CITY - ST - ZIP	BOCA RATON, FL 33487	

TITLE	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE \_\_\_\_\_ ☐ Change ☐ Addition

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY-ST-ZIP \_\_\_\_\_

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

☐ Change    ☐ Addition

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X 12 Sean Leder 2/14/08 561-995-7878