2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 06, 2003 8:00 am Secretary of State

DOCUMENT # P02000083798 1. Entity Name DOWNLOADS, INC.						06-06-20	03 9004:	3 041 *	**150.00	
656 SOUTHEA	ce of Business AST 19TH AVE BEACH FL 3344	NUE	Mailing Address 656 SOUTHEAST 19TH & SUITE #1 DEERFIELD BEACH FL 3							
2. Principal F	Place of Busine	ess	3. Mailing Address			f remaintar eri Edilo fildei arviis dali	1 03 1113 0010 3 1 0	100 WILL 2001	IN 1018; \$917 1001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				_
City & State			City & State			L FEI Number <u>のるのは35757</u>		J	Applied For Not Applicable	}
Zip		Country	Zip	Country		i. Certificate of Status Desired		8.75 A		
	6. Name	and Address of Current	Registered Agent		7	. Name and Address of New Re	gistered A	ent		1
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SPIEGEL & UTRERA, P.A. 240 SW 22ND ST.			Street Address		et Address (P.O	. Box Number is Not Acceptable)	<u>. </u>			1
ATH FLOO							<u>-</u>		-	1
MIAMI FL	·33145 ·	N.	·	City			FL	Zip Co	de	1
	named entity tions of registe		r the purpose of changing its	s registered offic	e or registered	agent, or both, in the State of Flor	ida, Iam fa	miliar with	and accept]
SIGNATURE	Signature bypedic	x printed name of registered agent a	and title if confinence (NO)	F. Benistered Agent	Signeture required whe	o minstarion)	DATE	_		
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Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	! State			Election Campaign Fine Trust Fund Contribution		\$5. 0 Adde	00 May Be d to Fees	
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Interest certify that the information stapping with this filing does not quality 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

SCHATURE STALLER OF PRINTED NAME OF SCHAMO OFFICER OR DESCRIPTION

4/28/03 317-289-8555 Date Date Device Prone II