2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2003 8:00 am Secretary of State

02-12-2003 90069 010 ***150.00

Daytime Phone #

TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	DOCUMENT # P02000126910 1. Entity Name EUROPA VERTRIEBS GESELLSCHAFT MBH,INC.													
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Cry & State Country Country A Page of Pag	2. Principa	al Place of Busin	ness	3. M	ailing Address	<u>.</u>			-					
Zip Country Zip Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKERT, CHARLES G 215 SE 3RD AVENUE SUITE 502 C HALLANDALE FL. 3009 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations on digitative agent, or both, in the State of Floride. I am familiar with, and accept the obligations on digitative agent, or both, in the State of Floride. I am familiar with, and accept the obligations on digitative agent, or both, in the State of Floride. I am familiar with, and accept the obligations on digitative agent, or both, in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both, in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both, in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both, in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both, in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both, in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both, in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both, in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both, in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both in the State of Floride. I am familiar with, and accept the obligations of predefined agent, or both in the State of Floride. I am familiar with, and accept the obligation of predefined agent, or both in the State of Floride. I am familiar	City & State			City & State					4. F	12-269-113	7			
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DICKERT, CHARLES G 215 SE 3RD AVENUE SUITE 502 C HALLANDALE FL. 30009 City C		6. Name	and Address of Current (Register	ed Agent			— <u>.</u>	7. N	ame and Address of New Re			reo	4
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indicated on this report or 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 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	TTLE IAME TREET ADDRESS						ADDRESS				_	o and a great		
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