2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P12736

Entity Name: THE RIGHT CONNECTION, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

BOX 1068 P.O. BOX 1068

HOLLYWOOD, FL 33022 HOLLYWOOD, FL 33022

Current Mailing Address: New Mailing Address:

BOX 1068 P.O. BOX 1068

HOLLYWOOD, FL 33022 HOLLYWOOD, FL 33022

FEI Number: 23-2306163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAZARUS, DAVID M

LAZARUS, DAVID M

1877 SOUTH FEDERAL HWY, SUITE 108 BOCA RATON, FL 33432 US 1877 SOUTH FEDERAL HWY, SUITE 108

BOCA RATON, FL 33432 US

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.

SIGNATURE: 04/26/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PVST (X) Change () Addition

 Name:
 GRAPPEL, SARAH F.,
 Name:
 GRAPPEL, SARAH F

 Address:
 551 HOWE ROAD
 Address:
 551 HOWE ROAD

 City-St-Zip:
 MERION, PA
 City-St-Zip:
 MERION, PA

Title: D () Delete Title: D (X) Change () Addition Name: GRAPPEL, SARAH F., Name: GRAPPEL, SARAH F

 Name:
 GRAPPEL, SARAH F.,
 Name:
 GRAPPEL, SARAH

 Address:
 551 HOWE ROAD
 Address:
 551 HOWE ROAD

 City-St-Zip:
 MERION, PA
 City-St-Zip:
 MERION, PA

Title: V (X) Delete Title: () Change () Addition

 Name:
 YAGER, LOÙIS A.,
 Name:

 Address:
 551 HOWE ROAD
 Address:

 City-St-Zip:
 MERION, PA
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH F. GRAPPEL PVST 04/26/2002