FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P92000005422

1. Entity Name

SAGA CONNECTION, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90141 043 ***150.00

3. Mailing Address 2. Principal Place of Business 5741 5741 S.W. 17th Court S.W.. 17th Court Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For Plantation, FL Plantation, FL65-0366341 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33317 33317 USA USA 7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Gerhard Skoff

Street Address (P.O. Box Number is Not Acceptable)

5741 S.W. 17th Court

Plantation

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CR2E034B (12/02)

10. OFFICERS AND DIRECTORS P,D NAME NAME Gerhard Skoff STREET ADDRESS STREET ADDRESS 5741 S.W. 17th Court CITY-ST-ZIP CITY-ST-ZIP Plantation, FL 33317 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIF CITY-ST-ZIP WITE S TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 on an attachment with an address, with

SIGNATURE:

%erhard Skoff President

3/24/03

(954) 583-6047

Daytime Phone #