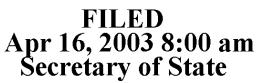
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



| DOCUMENT # P930000126// 1. Entity Name HANLEY-KAHN TWO, INC. | | | | 04-16-2003 90287 004 ***150.00 |
|---|---|---------------------|---|--|
| Principal Place of Business , Mailing Address , 737 LINCOLN RD. , 737 LINCOLN RD. STE. R , STE. R , MIAMI BEACH FL 33139 , MIAMI BEACH FL 33139 . | | | 3. | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES |
| City & State |) | City & State | ., <u>.</u> , , | 4. FEI Number 65-0396819 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired See Required |
| ·········· | 6. Name and Address of Curren | t Pegistered Agent | 1 | 7. Name and Address of New Registered Agent |
| | 6. Name and Address of Curren | t negistered Agent | | 1. Halle and Address of New Hogelstone Agent |
| HANLEY, RICHARD 11 ISLAND AVE, #1009 | | | *************************************** | s (P.O. Box Number is Not Acceptable) |
| MIAMI BEA | CH FL 33139 | | City | FL Zip Code |
| FI After | Signature, typed or printed name of registered agen ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of | | IOTE: Registered Agent signature requ | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. | OFFICERS AND | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET AODRESS | P HANLEY, RICHARD 11 ISLAND AVE., #1009 MIAMI BEACH FL 33139 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| STREET ADDRESS | V KAHN, PAUL S 9 ISLAND AVE #2204 MIAMI BEACH FL 33139 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition 2 |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | · Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |

I hereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE;