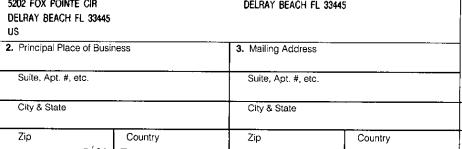
FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90144 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000051313 **DOCUMENT #**

AMERICAN CASTING CORP.		
Principal Place of Business C/O DONALD SPEISMAN	Mailing Address 5202 FOX POINTE CIRCLE	
5202 FOX POINTE CIR	DELRAY BEACH FL 33445	
DELRAY BEACH FL 33445		



5202 FOX PO DELRAY BEA US	DINTE CIR CH FL 33445	DELRAY BEACH FL 334	4 5						
2. Principal f	Place of Business	of Business 3. Mailing Address				8101 Bill) 11888 1			
Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State		4. FEI	4. FEI Number 22-3242138		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Cert	ificate of Status Desired	\$8.75 Fee Req	Additional		
	6. Name and Address of Current R	egistered Agent		7. Nam	e and Address of New Register	ed Agent			
SPEISMA	N, DONALD		Name		•				
5202 FOX	K POINTE CIRCLE		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
DELRAY I	BEACH FL 33445				***************************************				
			City		-	Zip C			
the above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered office or regis	stered agent,	or both, in the State of Florida.	am familiar w	ith, and accept		
₫ SIGNATURE	Signature, typed or printed name of registered agent an	d title if anolicable (NO	TE: Registered Agent signature requ	ired when rejects	ing) DA	TE			
· · · · · · · · · · · · · · · · · · ·				TIOG WHEN TONIOLES					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		State			Election Campaign Financing Trust Fund Contribution.	□ \$5 □ Ad	5.00 May Be ded to Fees		
10.	OFFICERS AND D	IRECTORS	11.	ADDIT	IONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 11		
ITLE IAME STREET ADDRESS SITY-ST-ZIP	D SPEISMAN, DONALD 5202 FOX POINTE CIRCLE DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition		
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11TLE NAME STREET ADDRESS CITY-ST-ZIP	100		☐ Chang	ge 🔲 Addition		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🗌 Addition		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition		
ITLE Ame Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Chang	e 🔲 Addition		

12. I hereby certify that the information supplied with this filling 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 ampowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Date

Daytime Phone #

☐ Change

Addition