FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93 0000 70880

SBA Leasing, Inc.

FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90228 011 ***150.00

	OO NOT WRITE	IN THIS	SPACE	90027074
Principal Place of Business 5900 Broken Sound Parkway NW Suite, Apt. #, etc.		3. Mailing Address 5900 Broken Sound Parkway NW Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State Boca Raton, FL		Attn: Legal Dept. City & State Boca Raton, FL		4. FEi Number 65-0444550 Applied For Not Applicable
Zip 33487	Country USA	Zip 33487	Country USA	5. Certificate of Status Desired Sa.75 Additional Fee Required
	DO NOT W		Name Corpo	7. Name and Address of Current Registered Agent oration Service Company (P.O. Box Number is Not Acceptable) Street
			City Tallahas	Zio Code
the obligati SIGNATURE -	ons of registered agent. Signature, types or printed name of registered ages huary 1 - May 1. Fee is \$150.00 After May 1, Fee is \$550.00		(NOTE: Registered Agent signature require	ered agent, or both, in the State of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with, and accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on the state of Florida. I am familiar with accept of Florida. I am familiar with accept of Florida. I am familiar with accept on the state of Florida. I am familiar with accept on
	Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND			
10. IITLE NAME STREET ADDRESS CITY-SI-ZIP	SEE ATTACHED	/ DIRECTORS	TITLE TNAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	NAME. STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST, ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY_ST.ZIP *	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY_ST-ZIP:	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



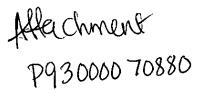
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2003

561-995-7670

Date

Daysime Phone #



DIRECTORS AND OFFICERS OF SBA LEASING, INC.

Name	Address	Title
Kurt Bagwell	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Senior Vice President Chief Operating Officer Assistant Secretary
Theresa Nick Breskin	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Assistant Secretary
Jack Fiedor	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Accounting Officer Vice president Assistant Secretary Assistant Treasurer
Thomas P. Hunt	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Senior Vice President General Counsel Secretary Treasurer
Pamela J. Kline	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Vice President Assistant Secretary Assistant Treasurer
John Marino	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Financial Officer Senior Vice president Assistant Treasurer Assistant Secretary Director
Jason Silberstein	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Vice President
Jeffrey A. Stoops	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Executive Officer President Assistant Secretary Assistant Treasurer Director