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

FILED May 10, 2002 8:00 am Secretary of State

1. Entity N	UMENT # P930000 Jame Frame Marketing C		<i></i>	05-10-2002 90	039 021 ***150.00	
	DO NOT WRIT	E IN THIS S	PACE	=	8516	29
2. Principa 505 S	B. Flagler Drive	3. Mailing Address				
	pt. #, etc.	505 S. F1a Suite, Apt. #, etc.	ger D	rive	DO HOTHWATER W.	
400 Civ & Si	tato	400			DO NOT WRITE IN T	THIS SPACE
West	Palm Beach, FL	West Palm B	each,	FL 4	65-0452831	Applied For
33401	Country U.S.A.	^{Zio} 33401	Country U.S.	A. 5	. Certificate of Status Desired	\$8.75 Additional
		***************************************		7.	Name and Address of Current Regis	Fee Required tered Agent
DO NOT WRITE				Name Christian N. Scholin, Esquire Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE					· · · · · · · · · · · · · · · · · · ·	
				1017	Flagler Drive, Suite 400	
8. The abov	ve named entity submits this statement	for the purpose of changing its	- 1	West Pa	alm Beach	FL 33401
 		to burbase or changing its	registered o	HICE OF registered a	agent, or both, in the State of Floricla.	
SIGNATURE	Signature, typed or printed name of registered age	it and title if applicable. (NOTE	- Registered Age	rit signaturë required when	4/24/02	
9. This corp	poration is eligible to satisfy its Intangib	January 1 - Ma	ay 1 Fee is	s \$150.00	(reinstating) DA	TE
Tax filing (See crite	requirement and elects to do so. eria on back)	After May 1	UBR is \$6	1.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE	OFFICERS AND	DIRECTORS				
NAME •	D Antti Karsisto		TITLE NAME			
STREET ADDRESS	505 S. Flagler D	r., #400	STREET ADD	DRESS		ľ
CITY-ST-ZIP	505 S. Flagler I West Palm Beach,	řĹ 33401	CHY-ST-ZI	lb		
NAME			TITLE NAME			-
STREET ADDRESS CITY-ST-ZIP			STREET ADD	22390		-
TITLE			CITY-ST-ZI	P		
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADD	1	DO NOT WE	. :
TITLE			CITY-ST-7IF	-	DO NOT WR	
NAME			TITLE NAME		IN THIS SPA	CE
STREET ADDRESS CITY-ST-ZIP			STREET ADDI	· · ·		
TITLE			CITY-ST-ZIP	<u> </u>		
NAME,			NAME			
STREET ADDRESS CITY-ST-ZIP	÷		STREET ADDR			
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NAME			TITLE NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	ESS		}
	cortife that the information		CITY-ST-ZIP			ĺ

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 attachment with an address, with all other like empowered.

SIGNATURE	=	:
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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

562655-7711