

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90361 044 \*\*\*150.00

**DOCUMENT # P94000016517****1. Entity Name**  
**LSD CORP.****Principal Place of Business****601 CLEARWATER PARK ROAD**  
**SUITE 201**  
**W. PALM BEACH FL 33401****Mailing Address****601 CLEARWATER PARK ROAD**  
**SUITE 201**  
**W. PALM BEACH FL 33401****2. Principal Place of Business****222 Lakeview Avenue**

Suite, Apt. #, etc.

**Suite 930**

City &amp; State

**West Palm Beach, Florida**

Zip

**33401**

Country

**USA****3. Mailing Address****222 Lakeview Avenue**

Suite, Apt. #, etc.

**Suite 930**

City &amp; State

**West Palm Beach, Florida**

Zip

**33401**

Country

**USA****C0054868**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0479915**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****ALEXANDER, LARRY B**  
**505 SOUTH FLAGLER DRIVE**  
**SUITE 1100**  
**W. PALM BEACH FL****7. Name and Address of New Registered Agent**

Name

**Ronald S. Kochman, Esq.**

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

**222 Lakeview Avenue, Suite 950**

City

**West Palm Beach**

FL

Zip Code

**33401****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.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible**  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, LEONARD</b>	
STREET ADDRESS	<b>601 CLEARWATER PARK ROAD, SUITE 201</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33401</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, SOPHIE</b>	
STREET ADDRESS	<b>120 CASA BENDITA</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Alan Stephen Davis</b>	
STREET ADDRESS	<b>68 Jordon Street</b>	
CITY-ST-ZIP	<b>San Francisco, CA 94118</b>	
TITLE	<b>VPTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Arlen Davis</b>	
STREET ADDRESS	<b>475 Belvedere Street</b>	
CITY-ST-ZIP	<b>Belvedere, CA 94920</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

(561) 832 6466

Daytime Phone #

CR2E034 (10/00)

0280105