

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053894

1. Entity Name

SC DESIGN GROUP, INC.

Principal Place of Business

1813 EAGLES CREST DR.  
DAYTONA BEACH FL 32124  
US

22801 VENTURA BLVD  
STE 105  
WOODLAND HILLS CA 91364

2. Principal Place of Business

209-1 CESSNA BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

DAYTONA BEACH FL

City &amp; State

Zip 32124

Country US

Zip

Country

4. FEI Number

59-3260389

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HOOD, CHARLES D JR.  
444 SEABREEZE BLVD  
SUITE 900  
DAYTONA BEACH FL 32118

Name

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

City

FL

Zip Code

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, 2002 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 P  
NAME LATONA, VINCENT F  
STREET ADDRESS 8177 HORSESHOE BEND  
CITY-ST-ZIP LAS VEGAS NV 89113

 Delete

TITLE S  
NAME LATONA, JILL E  
STREET ADDRESS 8177 HORSESHOE BEND  
CITY-ST-ZIP LAS VEGAS NV 89113

 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

 Change  Addition

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:

VINCENT F. LATONA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

818-703-0330

Date

Daytime Phone #

CR2E034 (9/01)