2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000073655

Entity Name: AGENT'S BROKERAGE COMPANY, INC.

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3221 NW 10 TERRACE SUITE 502

FT LAUDERDALE, FL 33309 US

New Mailing Address: Current Mailing Address:

3221 NW 10 TERRACE SUITE 502

FT LAUDERDALE, FL 33309 US

FEI Number: 65-0525302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, PHILIP A ROBERTSON, SCOTT 2891 CENTRÉ POINT DRIVE **3221 NW 10 TERRACE** SUITE 502 SUITE 207 FT LAUDERDALE, FL 33309 US FT. MYERS, FL 33916 US

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: SCOTT ROBERTSON

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

04/30/2002

Title: CEOD () Delete Title: (X) Change () Addition

COHEN, PHILIP A Name: Name: STAUDT, THOMAS 3221 NW 10 TERRACE SUITE 502 20 HORSENECK LANE Address: Address: GREENWICH, CT 06830 US City-St-Zip: FT LAUDERDALE, FL City-St-Zip:

Title: Title: CFO (X) Change () Addition () Delete

ROBERTSON, SCOTT E Name: Name: RYAN, MICHAEL 2891 CENTER POINTE DRIVE, SUITE 207 20 HORSENECK LANE Address: Address: FORT MYERS, FL 33916 GREENWICH, CT 06830 US City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete SECY

LOWITZ, JULIE Name: Name: 20 HORSENECK LANE Address Address: City-St-Zip: City-St-Zip: GREENWICH, CT 06830 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL RYAN **CFO** 04/30/2002