


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

3/31

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-31-2003 90291 001 ***150.00

DOCUMENT # <u>P94000091136</u>	
1. Entity Name <u>UNIVERSITY HALL, INC.</u> ✓	

55026590

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4475 N. UNIVERSITY DR.</u>	3. Mailing Address <u>"SAME"</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>LAVERGNE, FL</u>	City & State	4. FEI Number <u>65-0550126</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33351</u>	Country <u>Broward</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>BLUNTEN, GEORGE J, ESQ.</u>	
	Street Address (P.O. Box Number, if not acceptable) <u>303 20801 BISCAYNE BLVD.</u>	
	City <u>AVENUE</u>	Zip Code <u>FL 33180</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JUDITH KUSNER Pres 4/13/03
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when terminating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>JUDY KUSNER</u> <u>6443 VIA ROSA</u> <u>BUCKRAH, FL 33433</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Judith Kusner Pres 3/13/03 954-746-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)