

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P94000093550

1. Entity Name

XXX FANTASY, INC.

Principal Place of Business

Mailing Address

237 ALMOND STREET

237 ALMOND STREET

EAST FORT LAUDERDALE, FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0577359

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORLY MADAR

3852 NORTH UNIVERSITY DRIVE

SUNRISE, FL 33351

Name

MARTIN F. MEDEROS

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

237 ALMOND STREET

City

EAST FORT LAUDERDALE, FL

FL

Zip Code

33316

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.

Martin F. Mederos

(NOTE: Registered Agent signature required when reinstating)

9/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MADAR, SHMUL  
STREET ADDRESS 237 Almond Street  
CITY-ST-ZIP E. Fort Lauderdale, FL 33316



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



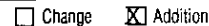
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



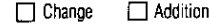
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



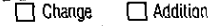
TITLE PD  
NAME MARTIN F. MEDEROS  
STREET ADDRESS 237 Almond Street  
CITY-ST-ZIP Fort Lauderdale, FL 33316



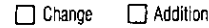
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



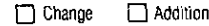
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



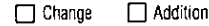
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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

9/28-2000

Date

Daytime Phone #

CD000004 000000