

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90091 001 \*\*\*150.00

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

**DOCUMENT # P95000066627**  
 1. Entity Name  
**PAVLOV WORLD CORPORATION**

**DO NOT WRITE IN THIS SPACE**

80051472

2. Principal Place of Business <b>150 Corbin Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>150 Corbin Place</b> Suite, Apt. #, etc.	
Apt. 25 City & State <b>Brooklyn, NY</b>		Apt. 25 City & State <b>Brooklyn, NY</b>	
Zip <b>11235</b>	Country <b>USA</b>	Zip <b>11235</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FFL Number <b>65-0608047</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>Igor Pavlov</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>16711 Collins Ave</b>	
Suite 701	
City <b>Sunny Isles</b>	Zip Code <b>FL 33160</b>

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  **Igor Pavlov** **3-7-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) DATE

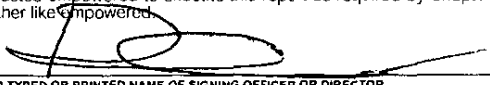
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST</b> <b>Igor Pavlov</b> <b>16711 Collins Ave, #701</b> <b>Miami Beach, FL 33160</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/12/02** **(118) 769-0541**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day(s): Phone #

CR2E034B (12/01)