2001 UNIFORM BUSINESS REPORT (UBR)							FILED					
DOCUMENT # Sage Brush Corp.							May 21, 2001 8:00 am Secretary of State					
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Principal Plac	ce of Business		Mailing Address		· ·							
		•									•	•
2. Principal i	Place of Busine	ss ,	3. Mailing Address /					e s	8631			
2(0) 5 Suite, Apt.		shore by	* 8(0) 5 . 130 Suite, Apt. #, etc. (yøu	orco	<i>DY</i> :			TE IN THIS SPA			٠
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· 001	6. Name a	nd Address of Curr	int Registered Agent	<u> </u>	u	/	7. Name and A	,	Fee	Require		1.
			•		Name Street Ad	And ddress (P	NUU O. Box Number is South	Wells.	2	· Y	1700	4
					á	260/	South	10ayo	lione	Or_	4 700	1
		Λ	•		City N	ua	nei		FL	Zip Cod	33/33	1
8. The above	named entity	submitalihis statemer	t for the purpose of changing it	is registere	d office or	registere	_			- 1	hali	
SIGNATURE	Signature, typed or	production of registered as	ent and title if applicable. (NO	TE: Registered	Agent signetu	re required w		. Wels	DATE	4	127/01	
Tax filing r		le to satisfy its Intang d elects to do so.	After MAY 1, 2	001 Fee	will be \$5	50.00	True 8	on Campaign Fina Fund Contribution			0 May Be I to Fees	
11.	Dres		ND DIRECTORS	12.			ADDITIONS/CH	ANGES TO OFFI	CERS AND DIE	Change		6
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: BIGNATURE and TYPED OF PRINTED NAME OF SHORTING OFFICER OR DIRECTOR Day Officer OR DIRECTOR Day Officer OR DIRECTOR DAY OFFICER OR DIRECTOR DAY OF THE CONTROL O												

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