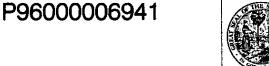
## **FILED** Apr 14, 2003 8:00 am 5 Secretary of State 204-14-2003 90/417 021 4021

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

1. Entity Name LONGHAND, INC.



					STATE OF						
Principal Place of Business 8140 CLEARY BLVD. #1401 PLANTATION FL 33324			Mailing Address 8140 CLEARY BLVD. #1401 PLANTATION FL 33324 US								
US 2. Principal Place of Business			3. Mailing Address			⊢.				<b>3176</b> 1 11 <b>6</b> 1 1 <b>66</b> 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. 1	4. FEI Number 65-0635765			Applied For Not Applicable	
Zip Country			Zip	htry	5. (	Certificate of Status Desired	S8.75 Additional Fee Required			1	
	6 Name	and Address of Current	Registered Agent:-:	Registered Agent		7. Name and Address of New F			•		1
·	O. Maine	and Addition of Odificial	riogistorea rigent		Name			3	<b>3</b>		1
	ranz, sus Ary BLVD		•	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
#1401	ATT DETO										1
PLANTAT	ION FL 333	324		City		<del>.</del>	FL	Zip Cod	e	1	
	named entit ions of regis		or the purpose of changing i	ts register	ed office or regis	stered ag	ent, or both, in the State of Floo	rida. Lam fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NC	DTE: Registere	ed Agent signature requ	ired when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
10.		OFFICERS AND	DIRECTORS	11.		AC	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	ĺ
TITLE	PSD		☐ Delete	TITL	E I			•	☐ Change	Addition	7 8
NAME		ROSENKRANZ, SUSAN		- I				_ ,		1	
STREET ADDRESS CITY-ST-ZIP		ARY BLVD., #1401			EET ADDRESS '- ST- ZIP						
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NAME				NAM	16						`
STREET ADDRESS					EET ADDRESS						1
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NAME				NAM				•			
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									☐ Channe	□ Addition	4
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NAME STREET ADDRESS					EET ADDRESS		•				
CITY-ST-ZIP					'-ST-ZIP						
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NAME				NAM	I				-		
STREET ADDRESS				STR	EET ADDRESS						1
CITY-ST-ZIP		CITY		'-ST-ZIP						╛	

12. I hereby certify that the information supplied with this filling 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 eath; 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: