2003 FOR PROFIT CORPORATION D06000016140

FT LAUDERDALE FL 33308

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

UNIFORM BUSINESS REPORT (UBR)

US

FORT LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

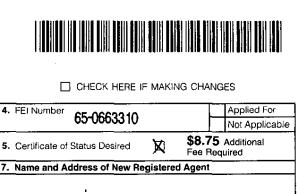
SIGNATURE

| 1. Entity Name BANYAN STREET, INC. | P9000010140 | |
|------------------------------------|--------------------|--|
| Principal Place of Business | Mailing Address | |
| 2789 NE 37 DR | 2789 NE 37TH DRIVE | |



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90159 027 ***163.75



DATE

Name TOOMEY, THOMAS Street Address (P.O. Box Number is Not Acceptable) 2789 NE 37TH DR FT LAUDERDALE FL 33308 City

| | | | | | | _1 | |
|----|--|-----------------|-----------------------|-----------------------|--------------------|-------------------|--------|
| 8. | The above named entity submits this statement for the purpose of changing its register | ed office or re | egistered agent, or l | both, in the State of | of Florida. I am f | amiliar with, and | accept |
| | the obligations of registered agent. | | | | | | |
| | | | | | | | |

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITI F ☐ Change Addition TOOMEY, THOMAS NAME NAME STREET ADDRESS 2789 NE 37 DR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (10/02)