AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)						
1. Entity Nam	MENT # P96000022597		Alexander	FILED		
				O1 MAY 18 A	M 10: 53	
220 NW 180 AVE 2		Mailing Address 220 NW 18 PEMBROKE	80 AVE PINES, FL 33	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Susiness			<u> </u>	4A		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MO TO MOTIMALITE IN TIME	,	
				DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0653351	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired .	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered	Agent	
MICHAEL P. STRIAR			Name	Name		
3864 SHERIDAN ST			Street Address	Street Address (P.OBox Number is Not Acceptable)		
HOLLYWOOD, FL 33021						
			City	City FL Zip Code		
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. (NOTI: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Depart				10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE PD		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	MITCHELL, WILLIAM J		NAME			
STREET ADDRESS CITY-ST-ZIP	4799 HOLLYWOOD BLVD		STREET ADDRESS CITY-ST-ZIP			
TITLE SD	HOLLYWOOD, FL 33021				Change Addition	
NAME	MITCHELL, BARBARA	☐ Delete	TITLE NAME		ChangeAddition	
STREET ADDRESS	4799 HOLLYWOOD BLVD		STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP			
TITLE VP	HADDINGMON	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	HARRINGTON, KAREN 4799 HOLLYWOOD BLVD	1	NAME STREET ADDRESS	40000443 -06/19/01-	-01107009	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	******61.2	5 *****61.25	
TITLE VP		XX Delete	TITLE		☐ Change ☐ Addition	
NAME	CHAVEZ, MARTIN		NAME .			
STREET ADDRESS CITY-ST-ZIP	4799 HOLLYWOOD BLVD)	STREET ADDRESS CITY-ST-ZIP			
TITLE VP	HOLLYWOOD, FL 33021				☐ Change ☐ Addition	
NAME	GREENE, JACK	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	4799 HOLLYWOOD BLVD		STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	<u>-</u>	CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		1	NAME STREET ADDRESS			
CITY-ST-ZIP		.]	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: 04/26/01 954-966-7424 SIGNATURE AND TYPED OR PROTECT OR DIRECTOR Date Davigne Phone *						
	SIGNATURE AND TYPED OR PR	TCHELL OFFICER ORD		Date	Jayune mone s	