

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90889 023 ***150.00

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

DOCUMENT # P96000079938
 1. Entity Name
 WHO'S YA DADDY! INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------|--|---------------|
| 2. Principal Place of Business 712 U.S. Highway One | | 3. Mailing Address 712 U.S. Highway One | |
| Suite, Apt. #, etc. Ste 400 | | Suite, Apt. #, etc. Ste 400 | |
| City & State North Palm Beach, FL | | City & State North Palm Beach, FL | |
| Zip 33408 | Country US | Zip 33408 | Country US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0697121 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

| |
|---|
| Name GREGORY R. COHEN |
| Street Address (P.O. Box Number is Not Acceptable) 712 U.S. Highway One, Ste 400 |
| City North Palm Beach |
| State FL |
| Zip Code 33408 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHEN, BRYAN 712 U.S. Highway One, Ste 400 North Palm Beach, FL 33408 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHEN, GREGORY R. 712 U.S. Highway One, Ste 400 North Palm Beach, FL 33408 | 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)(f), 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:  Gregory R. Cohen 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 561/844-3600
Daytime Phone #

CR2E034B (12/01)