2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

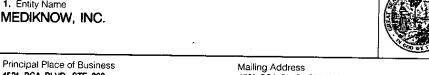
DOCUMENT



Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90945 036 ***150.00

FILED

DOCOMENT#	F3000000070	
1. Entity Name		
MEDIKNOW, INC.		7
MEDITATOW, 1140.		
	_	\1°



PALM BEACH GARDENS FL 33418 PAL 2. Principal Place of Business 3. N		4521 PGA BLVD. STE 26 PALM BEACH GARDENS		 		
		3. Mailing Address				
		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ale	City & State		4. FEI Number 65-0702436	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered		
777 SO F WEST PA 8. The abov the obligation of the street	Signature, typed or printed name of registered agent ar FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00	nd title if applicable. (NOT	City	dress (P.O. Box Number is Not Acceptable) FL egistered agent, or both, in the State of Florida. I am f required when reinstating) OATE 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
10.	k Payable to Florida Department of				7.0000 10 7 000	
TITLE	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	WINNER, PAUL 4521 PGA BLVD. STE 262 PALM BEACH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	The second of th	☐ Delete	TITLE		Change Addition	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #