UNIFORM BUSINESS REPORT (UBR)															
DOCUMENT # P96000093793 1. Entity Name THE COLLECTIBLES, INC.									U3 5	F11_1 SEP-2	AM II:	23			
Principal Place of Business 1820 HARRISON STREET HOLLYWOOD FL 33020				Mailing Address 11047 LONG BOAT DRIVE COOPER CITY FL 33026				SEC	CRETAR LAHASS	Y OF S EE.FL	ORIDA				
2. Principal Place of Business 1820 HARRISON St. 1047 Lon Suite, Apt. #, etc. 3. Mailing Address 11047 Lon Suite, Apt. #, etc.							ng Boat 14.						MAKING C		IBIOC (III) IBUI
City & State Hollywood, FL			FL	City & State City			, FL		4. FEI Number 65-0709127				Applied For Not Applicable		
^{Zip} 23c	23020 Country US A 6: Name and Address of Current F			_330.26		Counti	ountry USA			Certificate of				8.75 Add e Require	litional d
PERRONE, CHRIS 11047 LONG BOAT DRIVE COOPER CITY FL 33026							Name Street Address (
The above named entity submits this statement for the currose of changing its re-							<u> </u>					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. I am familiar with, and accept the obligations of registered agent.														and dooopt	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE															
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State											on Campa Fund Cont	_	cing		May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRONE 1820 HAR HOLLYWO	, Chris Rison St			Delete	11. TITLE NAME STREE	TADDRESS		ADI	DITIONS/CH	HANGES T	OFFICE		IRECTORS Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete								50 0 09/04/03	1022 3010	?761 9401	511 ⁹	I C hange I 50 . CIC	Addition	
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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.

| GNATURE: | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Dayling Prone #

SIGNATURE:

Daytime Phone #

#P9600093793 DEAR SiR As my check # 2120 SENT Last April was Lost please accept Check # 2163 for \$150. I'M VERY SORRY AND WILL NEVER LET This HAPPEN Again. Any question please eall ME AT (954) Af 5.1272 Yours Truly Chais PERROME The Collectibles Inc. FEI # 65-0709127

TINDENTATA

Attachment #P960000037

Wachovia Bank, N.A. Embassy Lakes Financial Center FL6518 2603 North Hiatus Road Cooper City, FL 33026

Tel 954 985-3664



August 26,2003

WACHOVIA

TO WHOM IT MAY CONCERN

RE: THE COLLECTIBLES INC

At the request of our customer, Mr Christopher Perrone, we confirm that we have placed a stop payment on check number 2120 dated 04/18/2003 for \$150.00 issued to the Florida Dept of State. The check was drawn on his business account number 2000002294728 and was reported lost.

Verified by:

FINANCIAL CENTER MANAGER