

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90208 018 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P96000097469</b> 1. Entity Name <b>ALTON HOUSE, INC.</b>						<b>11033783</b>	
Principal Place of Business <b>407 LINCOLN ROAD          SUITE 704          MIAMI BEACH, FL 33139</b>				Mailing Address <b>407 LINCOLN ROAD          SUITE 704          MIAMI BEACH, FL 33139</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0744260</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>HOLLANDER, MARK J          11410 N KENDALL DRIVE          SUITE 207          MIAMI, FL 33176</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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.  SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's Signature required when appointing))</small>			
FILE NOW!!! FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE      PSTD <input type="checkbox"/> Delete NAME      SHAPIRO-FOX, KAREN STREET ADDRESS      407 LINCOLN ROAD, SUITE 704 CITY- ST- ZIP      MIAMI BEACH, FL 33139				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP			
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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.							
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>4/28/03</b> <small>Daytime Phone #</small>			

CR2E-034 (10/02)