2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016867

1. Entity Name

FILED May 15, 2000 8:00 am Secretary of State

BRIS	BEN	SALE	M RUN.	INC	_				
		f Business		Mailing Address					
2321	N.W.	33RD	STREET	#212	2321	N.W.	33RD	STREET	#212

A0053676 2. Principal Place of Business 3. Mailing Address 7800 EAST 7800 EAST KEMPER ROAD KEMPER ROAD

FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For CINCINNATI CINCINNATI OH 65-073<u>072</u>1 OH Not Applicable Zip Zip 45249 Country Country \$8.75 Additional 5. Certificate of Status Desired 45249 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)

ATKINSON, WILSON C III C/O ATKINSON, DINER, STONE, ET. AL. 1946 TYLER STREET HOLLYWOOD, FL 33020

City Zip Code FI

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

		<u> </u>	
11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DP Delete	TITLE	DPS X Change Addition
NAME	BRISBEN, WILLIAM O	NAME	BRISBEN WILLIAM O
STREET ADDRESS	2321 N.W. 33RD STREET #212	STREET ADDRESS	7800 EAST KEMPER ROAD
CITY - ST - ZIP	FT. LAUDERDALE, FL 33309	CITY - ST - ZIP	CINCINNATI, OH 45249
TITLE	DVP Delete	TITLE	DVT X Change Addition
NAME	SCHULER, ROBERT E	NAME	
STREET ADDRESS	7800 EAST KEMPER ROAD	STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI, OH 45249	CITY - ST - ZIP	
TITLE	Delete	TITLE	D Change X Addition
NAME	_	NAME	WOJECIECHOWSKI, MICHAEL
STREET ADDRESS		STREET ADDRESS	327 SWARTHMORE AVENUE
CITY - ST - ZIP		CITY - ST - ZIP	PACIFIC PALISADES, CA 90272
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	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		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 ddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. SCHULER

Date

(513)489-1990

Daytime Phone #