

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000037970**1. Entity Name
SYNCHRONIZED DYNAMICS, INC.

| | |
|--|--|
| Principal Place of Business 34-23 41 STREET SUITE 3L ASTORIA 11101 NY | Mailing Address 34-23 41 STREET SUITE 3L ASTORIA 11101 NY |
|--|--|

| | |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address 112 WEST 56TH STREET |
|--------------------------------|--|

| | |
|---------------------|--------------------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. APT. 9N |
|---------------------|--------------------------------|

| | |
|--------------|-----------------------------|
| City & State | City & State NEW YORK NY |
|--------------|-----------------------------|

| | | | |
|-------|---------|-----|---------|
| Zip | Country | Zip | Country |
| 10019 | | | |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0747913 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJAMES PAULINE
860 CORAL RIDGE DRIVE
SUITE 202
CORAL SPRINGS
33071
US FL**7. Name and Address of New Registered Agent**

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| 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.

SIGNATURE _____ DATE **04/30/2001**
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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DCM | <input type="checkbox"/> Delete |
| NAME | JAMES ALBERT | |
| STREET ADDRESS | 34-23 41 ST., SUITE 3L | |
| CITY-ST-ZIP | ASTORIA NY 11101 | |
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | JAMES ALBERT | |
| STREET ADDRESS | 34-23 41 ST., SUITE 3L | |
| CITY-ST-ZIP | ASTORIA NY 11101 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | DCM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES ALBERT J | |
| STREET ADDRESS | 112 WEST 56TH STREET, APT. 9N | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | PVST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES ALBERT J | |
| STREET ADDRESS | 112 WEST 56TH STREET, APT. 9N | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert J. James PVST 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)