

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
04-30-2002 90069 006 \*\*\*158.75

1. Entity Name  
**LEESTUR, INC.**

8030 PETERS RD  
SUITE D-104  
PLANTATION FL 33324  
US

1575 ISLAND WAY  
WESTON FL 33326

### 3. Mailing Address

Suite, Apt. #, etc.


City &amp; State

Applied For

Not Applicable.
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Country

### 5. Certificate of Status Desired

 **\$8.75** Additional  
Fee Required

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition

 Change  Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/01)