FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2002 8:00 am Secretary of State

	DMIFORM BUSINI	ESS REPOR	et (U	BR)	Secretary of St	ate
DOC	JMENT # P97000101	1174		<u> </u>	04-28-2002 90776 033 ***15	
1. Entity Na		`	V			
.KOM	MM INVESTMENTS, IN	IC.				
	DO NOT WRITE	IN THIS S	SPAC	E		
				_		
Pricipal Place of Business Address Address					-	
777 So Flagler Drive 14662 Roll Suite, Apt. #. etc. Suite, Apt. #. etc.				Rock Pl		
	e 900 East Tower	other, ripti w, etc.			DO NOT WRITE IN THIS SPACE	
City & Sta		City & State		***	4. FEI Number / C DODGO(1) App	olied For
West Palm Beach, FL		Wellington, FL Zip Country				Applicable
3340	1 usa′	33414	ÜSZ		5. Certificate of Status Desired See Required Fee Required	
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	DO NOT W	DITE		Name Russell	1 T. Kamradt	!
DO NOT WRITE				Street Address	ss (P.O-Box Number is Not Acceptable) Flagler Dr	
	IN THIS SP	ACE			900 East Tower	
				City	Zin Code	
8. The above	e named antity culturity this statement for	the management of the state of		<u>West Pa</u>	aim Beach 🗀 l 3310	1
· · · · · · · · · · · · · · · · · · ·	o names onary submits this statement for	the purpose of changing i	its registere	ed office or registe	stered agent, or both, in the State of Florida.	
SIGNATURE						
·	Signature, typed or printed name of resistered agent at			l Agent signature require	stert when reinstading) DATE	
9. This corp	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - After Ma	May 1 Fe ıv 1. Fee i	e is \$150.00 s \$550.00	10. Election Campaign Financing \$5.00	
	eria on back)	Amend Make Check Pay	led UBR is	s \$61.25	Trust Fund Contribution	May Be 5 Fees
11.	OFFICERS AND D	DIRECTORS	able to be	partinent of St	rate	
TITLE	Director		TITLE			
NAME STREET ADDRESS	Orlando, Warren	S.	NAME	T ADDRESS		1
CITY-ST-ZIP	777 So Flagler D	r, Suite 90	O CITY	ST-ZIP		
TITLE	West Palm Beach, Director	-FL 33401	TITLE			
Name Street address	Marino, John		NAME			
CITY-ST-ZIP	777 So Flagler Di	c., Suite 90	OO CHY.	T ADDRESS ST- ZIP		İ
TITLE	West Palm Beach,	FL 33401	TITLE			
name Street address :		ياديان بيككيم	•	V. E	يعاد المصفادة وفادوا يعفنانها والأداد	4 - 45 - 45 - 13
CITY-ST-ZIP				T ADDRESS ST-ZIP	DO NOT WRITE	
TITLE			TITLE			
NAME STREET ADDRESS			NAME		IN THIS SPACE	
HTY-ST-ZIP			STREE CITY-S	FADDRESS		
ITLE			TITLE			
IAME			NAME	,		
TREET ADDRESS CITY ST-ZIP				ADDRESS		1
ITLE			HITLE	11+ZIF		
IAME			NAME	, ,	•	-
TREET-ADDRESS				ADDRESS	:	
3. Thereby c	ertify that the information submitted with the	is fiting does not quality to	City-s			
or the con	DOLGHOU Of the Mceiver of trusted employ	ward to avacuum this sure-	mue exem my signatu or se recon	puon stated in Ser re shall have the s	Section 119.07(3)(i). Florida Statutes. I further certify that the information legal effect as if made under oath, that I am an officer or of the following Statutes and the conditions of the conditions of the conditions are conditionally that I am an officer or of the conditions of	mation director
attachmer	it with an address, with all other like empo	owered.		ed by Chapter 60	esame legal effect as if made under oath, that I am an officer or c 607, Florida Statutes; and that my name appears in Block 11 or c	on an
SIGNATI	URE: _ >>///		Joh.	Marin	na 4/15/2007 (1.1)27/-02	70
	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER	OR DIRECTO	· • · • • • • • • • • • • • • • • • • •	no 4/15/2002 (561)226-93	, (7