Apr 17, 2003 8:00 am Secretary of State

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DOCUMENT #

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2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

HORSE'S HEAD, INC.



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3399 PGA BLVD SUITE 260		Mailing Address 3399 PGA BLVD SUITE 260 PALM BEACH GARDENS FL 33410								
2. Principal Place	e of Business	3. Mailing Add	dress				1			
Suite, Apt. #, etc. Suite, Apt. #, etc.		t, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State City & State)			4. FEI Number 59-3487907			<u> </u>	oplied For ot Applicable	
Zìp	Country	Zip	C	Country		5. Ce	ertificate of Status Desired		8.75 Add	ditional
	6. Name and Address of Current R	legistered Agen	ıt	<u> </u>		7. Na	me and Address of New Rec	gistered A	gent	
				Name						
STONE, HELE				Street A	ddress (P	O. Box	Number is Not Acceptable)			
3399 PGA BL	.VD			<u> </u>			· · · · · · · · · · · · · · · · · · ·			
SUITE 260										
PALM BEACH	I GARDENS FL 33410			City				FL	Zip Code	e
the obligations	med entity submits this statement for s of registered agent.	the purpose of c	hanging its regis	stered office or	registere	ed agen	nt, or both, in the State of Floric		miliar with,	and accept
CICNATURE										
SIGNATURE	nature, typed or printed name of registered agent an	nd title if applicable.	(NOTE: Regi	gistered Agent signatu	re required v	when reins	stating)	DATE		
FILE	NOW!!! FEE IS \$150.00									
After Ma	NOW!!! FEE IS \$150.00 lay 1, 2003 Fee will be \$550.00 ayable to Fiorida Department of	State					Election Campaign Finar Trust Fund Contribution.			May Be I to Fees
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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 stop emental 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 en powered 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:

MANURE AND TYPED OF PRINCED NAME OF SIGNING OFFICER OR DIRECTO

4-11-03

Daytime Phone #

CR2E034 (10/0