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DOCUMENT # P9800004190																	
1. Entity Nam		RP c					FILED										
FEBRUARY PROJECT IV CORP.  Ballour Dmagna Corp N/C 1/2					122/0	24		01 JAN 25 PM									
Principal Place of Bukiness Mailing Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA										
7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156			7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156					TALLAHASSEE, F	LORID	A							
								T LEBENGER DER TENEN GERN BERN BERN BERN		Braidh 21020 10	HE <b>88</b> 71 1 <b>88</b> 1						
2. Principal Place of Business			3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN	I THIS SP	ACE							
City & State			City & State			-	<b>4</b> . FE	Number <b>65-1001592</b>			oplied For						
Zip	Country		Zip Coun		try	5. Certificate of Status Desir		ertificate of Status Desired		8.75 Add							
	6. Name and Address	of Current Reg	gistered Agent				7. Na	me and Address of New Regis			-						
						Name											
LITTMAN, ERIC P 7695 S.W. 104TH ST. STE. 210					Street Address (P.O. Box Number is Not Acceptable)												
	N FL 33156				··· ··· ··· ··· ····	<u> </u>											
					City			ı	FL	Zip Code	e						
The above named entity submits this statement for the purpose of changing its registere																	
o. The above	Trained entity soonats this s	statement for th	le purpose or changing its	register	sa onice or i	registered	agei	it, or both, in the state of horida									
SIGNATURE.	Signature, typed or printed name of r		City is a marked to the Control of t	- Daulatau	d Agent signatur		h.a:	Anation N	DATE								
							nen rein	stating)	DATE								
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00		<b>10.</b> Election Campaign Financi Trust Fund Contribution.	ing 🗆		May Be to Fees						
11.	<u> </u>	CERS AND DIF	l	12.				ITIONS/CHANGES TO OFFICER	RS AND D	IRECTOR!	S IN 11						
TITLE	DP		☐ Delete	TITLE						Change	Addition						
NAME STREET ADDRESS	Littman, Eric P 7695 S.W. 104th St.	STE 210		NAM STRE	E Et address												
CITY-ST-ZIP	MIAMI FL 33156	OIL. 210			-ST-ZIP												
TITLE			☐ Delete	TITLE				2000000-	[] []	Change	Addition						
NAMĘ Street Address				NAM STRE	ET ADDRESS	***		-01/26/01	NIN	10301 131-31-	:51 N4						
CITY-ST-ZIP		1		CITY	-ST-ZIP			30000357 -01/26/01 ***4350.	00 *	***15(	<u> </u>						
TITLE		<i>.</i> f	☐ Delete	TITLE						Change	☐ Addition						
NAME STREET ADDRESS				NAM STRE	ET ADDRESS												
CITY-ST-ZIP				CITY	-ST-ZIP	·····											
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STREET ADDRESS	. 4				ET ADDRESS					•	,						
CITY-ST-ZIP	<b>1</b>				-ST-ZIP				<del></del>								
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:																	
SIGNAT		ND TYPED OR PRINT	TED NAME OF SIGNING OFFICER	OR DIRECT	OR	1/2	SIGNATURE:    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #										