## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am § Secretary of State P98000008314 DOCUMENT # 1. Entity Name GINSBURG CAPITAL MANAGEMENT CORP. 05-12-2002 90549 013 \*\*\*150.00 Principal Place of Business Mailing Address C/O ONLINE TRADING INC. C/O ONLINE TRADING INC 2700 N MILITARY TRAIL STE # 200 2700 N MILITARY TRAIL STE # 200 **BOCA RATON FL 33431** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address 225 NE Mizher 225NE MIZZER BLUG Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite# S City & State City & State 4. FEI Number Applied For ATON RATON 80C4 PLA 65-0812809 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GINSBURG, KENNETH Street Address (P.O. Box Number is Not Acceptable) 2700 NORTH MILITAY TRIAL STE 200 **BOCA RATON FL 33431** 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 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.... FILE NOW!!LEEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Change ☐ Addition CR2E034 (9/01) GINSBURG, KENNETH NAME GINGBURG, KENNETH NAME STREET ADDRESS 2700 N MILITARY TRAIL STE 200 225 NE Mizner Blub Jule 526 STREET ADDRESS CITY-ST-7IP BOCA RATON FL 33431 BOCA RATON FLA 33432 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \* Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the corporation of the receiver of the re

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

43/02 56/672-4691 Date Deytine Phone #