

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90068 008 \*\*\*150.00

**DOCUMENT # P98000016999**  
 1. Entity Name  
**BRAND POLL, INC.**

Principal Place of Business C/O BRAND INSTITUTE, INC. 1201 BRICKELL AVENUE, SUITE 350 MIAMI FL 33131 US	Mailing Address C/O BRAND INSTITUTE, INC. 1201 BRICKELL AVENUE, SUITE 350 MIAMI FL 33131 US
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2. Principal Place of Business <b>200 S.E. 1ST STREET</b> Suite, Apt. #, etc. <b>12TH FLOOR</b> City & State <b>Miami, FL</b> Zip <b>33131</b> Country <b>USA</b>	3. Mailing Address <b>200 S.E. 1ST STREET</b> Suite, Apt. #, etc. <b>12TH FLOOR</b> City & State <b>Miami, FL</b> Zip <b>33131</b> Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0839750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**DETTORE, JAMES**  
**C/O BRAND INSTITUTE, INC.**  
**1201 BRICKELL AVENUE, SUITE 350**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**BRAND POLL, INC.**  
**200 S.E. 1ST STREET, 12TH FLOOR**  
 City **MIAMI** FL Zip Code **33131**

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

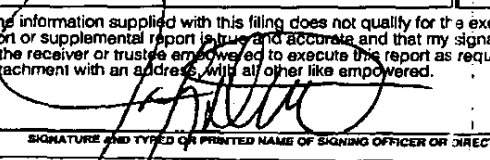
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DETTORE, JAMES I</b> <b>888 BRICKELL KEY DRIVE, APT 2202</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/23/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Phone #

CR2E034 (10/00)