

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90068 010 \*\*\*150.00

00015041



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P98000020853</b>			
1. Entity Name <b>SUCH FUN, INC.</b>			
Principal Place of Business <b>1550 MADRUGA AVE., STE. 230 CORAL GABLES FL 33146</b>		Mailing Address <b>1550 MADRUGA AVE., STE. 230 CORAL GABLES FL 33146</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0816481</b>		Applied For 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			
<b>SUCHMAN, CLIFFORD L 1550 MADRUGA AVE., STE. 230 CORAL GABLES FL 33146</b>			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	<b>SUCHMAN, CLIFFORD L</b>		
STREET ADDRESS	<b>1550 MADRUGA AVE., STE. 230</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>		
TITLE	V	<input type="checkbox"/> Delete	
NAME	<b>SUCHMAN, LAWRENCE E</b>		
STREET ADDRESS	<b>1550 MADRUGA AVE., SUITE 230</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	<b>ROBERTS, PETER A</b>		
STREET ADDRESS	<b>1550 MADRUGA AVE., SUITE 230</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Peter A. Roberts</i>			
PETER A. ROBERTS			

CR2E034 (10/00)