

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075628

1. Entity Name

THROUGH THE LOOKING GLASS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90137 001 ***150.00

| | |
|--------------------------------------|---|
| Principal Place of Business | Mailing Address |
| 1762 SW 103RD LANE DAVIE FL 33324 | 1762 SW 103RD LANE DAVIE FL 33324-7466 |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|----------------------------------|--------------------------------|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | Applied For |
| 9142D SW 23 STREET | 9142D SW 23 STREET | 65-0862171 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| FT. LAUDERDALE, FL | FT. LAUDERDALE, FL | <input type="checkbox"/> | <input type="checkbox"/> |
| Zip | Zip | | |
| 33324 | 33324 | | |
| Country | Country | | |
| USA | USA | | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| DEATON, BARBARA J 1762 SW 103RD LANE DAVIE FL 33324 | Name Street Address (P.O. Box Number is Not Acceptable) 9142D SW 23 STREET City FT. LAUDERDALE FL Zip Code 33324 |

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 BARBARA J. DEATON DATE 4-26-2000
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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|--|---|
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP D DEATON, BARBARA J 1762 SW 103RD LANE DAVIE FL 33324 | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 9142D S.W. 23 STREET FT. LAUDERDALE, FL 33324 |
| TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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: Barbara J. Deaton DATE 4-26-2000 DAYTIME PHONE # 305-995-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)