




**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000077082		
1. Entity Name POORLY DRAWN STICKMAN, INC.		
Principal Place of Business 1512 N. BROADWALK HOLLYWOOD, FL 33019		Mailing Address 1640 E. JACKSON STREET HOLLYWOOD, FL 33020
2. Principal Place of Business		3. Mailing Address 1900 N. OCEAN DR
Suite, Apt. #, etc.		Suite, Apt. #, etc. #6
City & State		City & State HOLLYWOOD FL
Zip	Country	Country USA
4. FEI Number 65-0882623		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
LEWIS, GREGORY D 1640 E. JACKSON STREET HOLLYWOOD, FL 33020		Name 1900 N. OCEAN DR #6 HOLLYWOOD, FL 33019
		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. I am familiar with, and accept the obligations of, registered agent.		
SIGNATURE 		DATE 9/7/03
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)</small>		<small>DATE</small>
FILE NOW WITH FEE \$150.00 <small>After May 1, 2005 fee will be \$250.00 Amended UBRs \$61.25 Make Check Payable to Florida Department of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, GREGORY D		NAME 1900 N. OCEAN DR #6
STREET ADDRESS 1640 E. JACKSON STREET		STREET ADDRESS HOLLYWOOD, FL 33019
CITY-ST-ZIP HOLLYWOOD, FL 33020		CITY-ST-ZIP HOLLYWOOD, FL 33019
TITLE VP	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, ARNELLA L		NAME 1900 N. OCEAN DR #6
STREET ADDRESS 1640 E. JACKSON STREET		STREET ADDRESS HOLLYWOOD, FL 33019
CITY-ST-ZIP HOLLYWOOD, FL 33020		CITY-ST-ZIP HOLLYWOOD, FL 33019
TITLE S	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, KARISSA M		NAME 1900 N OCEAN DR #6
STREET ADDRESS 1640 E. JACKSON STREET		STREET ADDRESS HOLLYWOOD, FL 33019
CITY-ST-ZIP HOLLYWOOD, FL 33020		CITY-ST-ZIP HOLLYWOOD, FL 33019
TITLE M	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, JOCELYN D		NAME 1900 N. OCEAN DR #6
STREET ADDRESS 1640 E. JACKSON STREET		STREET ADDRESS HOLLYWOOD, FL 33019
CITY-ST-ZIP HOLLYWOOD, FL 33020		CITY-ST-ZIP HOLLYWOOD, FL 33019
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		DATE 9/7/03 954 927-7004
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>

90155920

CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

SIRTAX

attachment

Accounting, Consulting, IRS Representation, & Strategic Tax Planning.

801 South Federal Highway ♦ Hollywood, FL 33020 ♦ Telephone (954) 922-1903 ♦ Facsimile (954) 926-6770

*R. Kevin Cross, MST, E.A.,
† - Enrolled Agent, Accountant,
Tax Specialist, & Financial
Counselor & Advisor*

*† - R. Kevin Cross, MST, E.A.
& Steven R. Danielson, MA, E.A. -
are enrolled to represent taxpayers
before the Internal Revenue Service.*

*Steven R. Danielson, MA, E.A.,
† - Enrolled Agent, Accountant,
Certified QuickBooks Pro Advisor,
& Member NASD & SIPC*

*90155920
P98000077082*

September 9, 2003

Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

Re: Poorly Drawn Stickman, Inc.
P98000077082

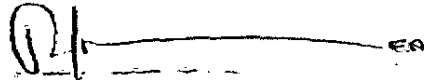
To Whom It May Concern:

Please find enclosed the application for corporate renewal along with payment for \$150.00

Mr. Lewis never received the notice of renewal earlier in the year and is only at this time receiving the notice that his payment is late. Please abate the late penalty filing and accept his payment of \$150.00 as full payment. Mr. Lewis moved during this time and apparently never received the first notice.

Thank you.

Cordially yours,



R. Kevin Cross, MST, E.A.
Master of Science in Taxation
Enrolled Agent
Specializing in Tax Controversies

RKC/dah

CC: Poorly Drawn Stickman, Inc.