

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000085627**

1. Entity Name

**OUTREACH PROGRAMS, INC.****FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90158 050 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business                                 | Mailing Address  |
| 2929 EAST COMMERCIAL BLVD. #306<br>FORT LAUDERDALE FL 33308 | 2929 EAST COMMERCIAL BLVD. #306<br>FORT LAUDERDALE FL 33308-4219 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

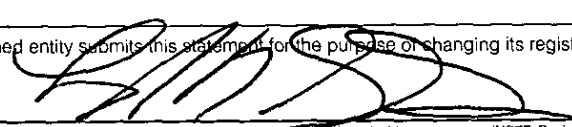


DO NOT WRITE IN THIS SPACE

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number                    | 65-0868323               | Applied For                    |
|                                  |                          | 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  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 | Name<br>Leonard R. Samuels, Esq.   |
|  | Street Address (P.O. Box Number is Not Acceptable)<br>350 E Las Olas Blvd., Suite 1000 |
|  | City<br>Ft. Lauderdale FL Zip Code<br>33301  |

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  DATE 4/28/00

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"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

|   |   |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
|---|---|--|--|------|------------------|--|----------------|---------------------------------|--|-------------|--------------------------|--|---|-------|-----------|--|------|-----------------|--|----------------|------------------------------------|--|-------------|--------------------------|--|
| 11. OFFICERS AND DIRECTORS  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
| <table><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ROSENBERG, RALPH</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2929 EAST COMMERCIAL BLVD. #306</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FORT LAUDERDALE FL 33308</td><td></td></tr></table> | TITLE   | D  | <input checked="" type="checkbox"/> Delete | NAME | ROSENBERG, RALPH |  | STREET ADDRESS | 2929 EAST COMMERCIAL BLVD. #306 |  | CITY-ST-ZIP | FORT LAUDERDALE FL 33308 |  | <table><tr><td>TITLE</td><td>President</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>William Guthrie</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2929 E Commercial Blvd., Suite 507</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Ft. Lauderdale, FL 33308</td><td></td></tr></table> | TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | William Guthrie |  | STREET ADDRESS | 2929 E Commercial Blvd., Suite 507 |  | CITY-ST-ZIP | Ft. Lauderdale, FL 33308 |  |
| TITLE   | D   | <input checked="" type="checkbox"/> Delete                                   |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
| NAME  | ROSENBERG, RALPH                                      |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
| STREET ADDRESS  | 2929 EAST COMMERCIAL BLVD. #306                       |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
| CITY-ST-ZIP   | FORT LAUDERDALE FL 33308                              |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
| TITLE   | President   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
| NAME  | William Guthrie                                       |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
| STREET ADDRESS  | 2929 E Commercial Blvd., Suite 507                    |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
| CITY-ST-ZIP   | Ft. Lauderdale, FL 33308                              |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
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| CITY-ST-ZIP   |   |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
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| NAME  | Matthew Green   |  |  |      |                  |  |                |                                 |  |             |                          |  |   |       |           |  |      |                 |  |                |                                    |  |             |                          |  |
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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:  **William Guthrie - 3/27/00** (954) 938-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #