FILED
May 27, 2008 8:00 am
Secretary of State
04-21-2008 90044 045 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000099091

1. Entity Name,
SAGE JUNCTION, INC.

Principal Place of Business	Mailing Address
4700 BOCA RATON BLVD SUITE 104 BOCA RATON, FL 33431-4860	4700 BOCA RATON BLVD SUITE 104 BOCA RATON, FL 33431-4860

66012034

03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0523283
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ROBERT MARC SCHWARTZ, P.A.
4700 NW BOCA RATON BOULEVARD
SUITE 104
BOCA RATON, FL 33431-4860

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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
(Signature, typed or printed name of registered agent and title if applicable) (If not Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PARISER, PAUL S
STREET ADDRESS	4700 BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 334314860
TITLE	VP
NAME	Pariser, Benjamin
STREET ADDRESS	4700 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 334314860
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 5/9/08
(Signature and Typed or Printed Name of Individual) (Date) (Daytime Phone #)