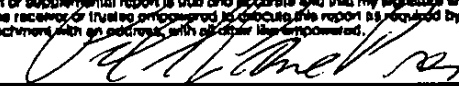


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-21-2008 90044 045 ***158.75

DOCUMENT # P98000099091		
1. Entity Name, SAGE JUNCTION, INC.		
Principal Place of Business 4700 BOCA RATON BLVD SUITE 104 BOCA RATON, FL 33431-4860		Mailing Address 4700 BOCA RATON BLVD SUITE 104 BOCA RATON, FL 33431-4860
DO NOT WRITE IN THIS SPACE		
B. Name and Address of Current Registered Agent ROBERT MARC SCHWARTZ, P.A. 4700 NW BOCA RATON BOULEVARD SUITE 104 BOCA RATON, FL 33431-4860		DO NOT WRITE IN THIS SPACE
4. FCI Number 81-0523283		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03032008 No Chg-P CRZE004 (11/05)
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 supplementary 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 prepare the report as required by Chapter 207, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with address has been incorporated.		
SIGNATURE:  5/19/08		

66012034



03032008 No Chg-P CRZE004 (11/05)

4. FCI Number 81-0523283	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(FIC) (F) Registered Agent signature required when filing.

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee will be \$250.00

B. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF PERSON PROVIDING OR DIRECTOR

Date

Signature Printing