Apr.22. 2003 10:44AM ACCOUNTING OFFICES

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90744 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099290

1. Entity Name
BRADFORD PRODUCTS, INC.

90123215

Principal Place of Business	Mailing Address
4801 SOUTH UNIVERSITY DRIVE SUITE 219 FORT LAUDERDALE, FL 33328	4801 SOUTH UNIVERSITY DRIVE SUITE 219 FORT LAUDERDALE, FL 33328

2. Principal Place of Business		3. Mailing Address	
1580 Sawgrass Corp. Pkwy.		1580 Sawgrass Corp. Pkwy	
Suite, Apt. #, etc.: Suite 130		Suite, Apt. #, etc.: Suite 130	
City & State: Sunrise, FL.		City & State: Sunrise, FL.	
Zip: 33323	Country: USA Broward	Zip: 33323	Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0892612 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BOULEVARD SUITE 4100 FT LAUDERDALE, FL 33309	Name 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BLIZZARD, BRADFORD		NAME	Blizzard, Bradford	
STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE		STREET ADDRESS	1580 Sawgrass Corp. Pkwy	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328		CITY-ST-ZIP	Sunrise, FL. 33323	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] Bradford K. Blizzard 4/21/03 954 4342448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #