FILED Apr 28, 2003 8:00 am § Secretary of State

2003	FOR	PROFIT C	ORPORAT	TION
UNIFO	RM B	USINESS	REPORT	(UBR)

1. Entity Nam	eers incorporated \	U1U5564		04-28-2003 914	421 026 ***150.00	
200 CENTRAL SUITE 4B NEW YORK N		Mailing Address 200 CENTRAL PARK SOUT SUITE 4B NEW YORK NY 10019	in Ny	4 18811881 (sa 1818) ### ### ### ### ### ###		
2. Principal F 59/2 Suite, Apt.	Place of Business NE Arrowhead III #, etc.	3. Mailing Address 218 Mail Suite, Apt. #, etc. 2014e 5	n Street	CHECK HERE IF N		
City & Stat		City & State	WA	4. FEI Number 65-0883361	Applied For Not Applicable	
9802	8 Country	Zip 98033	Country USA	5. Certificate of Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	-	7. Name and Address of New Regi	stered Agent	
NRAI SER	VICES, INC.		Name			
526 EAST PARK AVENUE				Address (P.O. Box Number is Not Acceptable)		
TALLAHAS	SSEE FL 32301			·		
21 de			City		FL Zip Code	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent are	0500	egistered office or regist	Alace of Busi	a. I am familiar with, and accept	
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of			9. Efection Campaign Financ Trust Fund Contribution.	☐ Added to Fees	
TITLE	OFFICERS AND D	DIRECTORS Delete	TITLE P	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11 Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JASON, PAUL 200 CENTRAL PARK SOUTH # 4E NEW YORK NY 10019		NAME TA	son, PAUL main stream #500 irkland WA 980	6	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	S Jason, Susan 200 Central Park South #48 New York ny 10019	Delete	STREET ADDRESS 218	450N, SUSAN 8 Main Street #5 NKland WA 98	☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	management of the contract of	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Constructive Company of the Same	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Change ☐ Addition	
12. I hereby o	certify that the information supplied with	his filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, 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:

PIGNOTUJE REQUIRECHAUL G. TASON SIGNATURE AND TYPED OR PRINTED HAME SEDIGNING OFFICER OR DIRECTOR