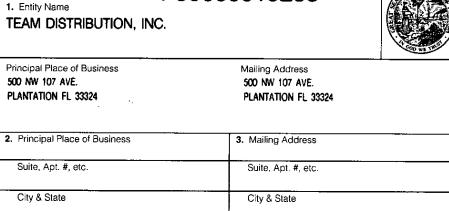
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P99000019205



## **FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90034 048 \*\*\*150.00

CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	I EAN DR	STRIBUTION, INC.			<b>)</b>	
Suite, Apt. #, etc.   CHECK HERE IF MAXING CHANGES  City & State   CHECK HERE IF MAXING CHANGES  Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Not Applicable   \$8.75 Additional Status Desired   \$8.75 Additional Status Desired Additional Status Desi	500 NW 107 AVE.		500 NW 107 AVE.	24		,0.00
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City & State  City & State of Status Desired   Sectional of Status Desired Agent   Name    PAUMANN, HARALD   Street Address (P.O. Box Number is Not Acceptable)	2. Principal Place of Business		3. Mailing Address		( I SENTINGUL ETO LOGIN UNITE ONTIF ONEFE BOTTE ONINF	CIRIN INTER CINTI DOI OF ASSISTANT
Zip Country Zip Country S. Certificate of Status Desired Status Desired St.75 Additional February St.75 Additional Februar	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
So. Name and Address of Current Registered Agent  5. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  North  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flurica. I am familiar with, and accept the displations of registered agent, or both, in the State of Flurica. I am familiar with, and accept the displations of registered agent, or both, in the State of Flurica. I am familiar with, and accept the displations of registered agent, or both, in the State of Flurica. I am familiar with, and accept the displations of registered agent, or both, in the State of Flurica. I am familiar with, and accept the displations of registered agent, or both, in the State of Flurica. I am familiar with, and accept the displations of registered agent, or both, in the State of Flurica. I am familiar with, and accept the displations of registered agent, or both, in the State of Flurica. I am familiar with, and accept the displation with a solitonia.  OINTE Registered Agent signature recurred agent, or both, in the State of Flurica. I am familiar with, and accept the displation with a solitonia.  OINTE Registered Agent signature recurred agent, or both, in the State of Flurica. I am familiar with, and accept the displation with a solitonia with a	City & State		City & State		4. FEI Number 65-0898768	-
BAUMANN, HARALD SOO NW 107 AVE PLANTATION FL 33324  City FL Zip Code City	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
BAUMANN, HARALD 500 NW 107 AVE.  PLANTATION FL 33324  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the following the following the florida. It am familiar with, and accept the following the following the florida. It am familiar with, and accept the following the florida. It am familiar with, and accept the florida. It am familiar wit		6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code				Name		
City FL Zip Code  8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent.  SIGNATURE    Signature, layer of princed rame of mighteed agent und yell applicable.   (MOTE, flag latered Agent signature required agent, or both, in the State of Florida. I am familiar with, and accept the collegators of registered agent.	e ·			Street Address	(P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
Eity FL Zip Code  8. The above named entity submits the 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.    Signal All   File						
SIGNATURE    Signature   File   Now!!!   FEE IS \$150.00   Make Cheek   Page   Item   State   Item   State   Item   State   Item	•			City	FL	Zip Code
FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$50.00 in Make Check Payable to Florida Department of State  10.	8. The above the obligat	named entity submits this stateme tions of registered agent.	nt for the purpose of changin	g its registered office or registe	ered agent, or both, in the State of Florida. I am	familiar with, and accept
FILE NOW!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered a	agent and title if applicable	(NOTF: Registered Agent signature require	erf when rejnetation)	<del></del>
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of the corporation or the receiver or tristee 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 ph address, with all other like empowered.

SIGNATURE:

SIGNATURE FUECHARAED BAUMANN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR