2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000020284 **DOCUMENT#**

1. Entity Name

THE AURORA COLLECTION, INC.



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90175 010 ***150.00

| | | | | COO WE TO | | | | |
|--|--|---|---------------------|-------------------------|---|-------------------------------|--|--|
| Principal Place of P.O. BOX 292770 DAVIE FL 33329-27 | | Mailing Address P.O. BOX 292770 DAVIE FL 33329-27 | 770 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | - I (122)/2001 (10 154)/2 (10)/1 60/15 80/15 80/15 20/17 20/10 1/10/1 46/10 1/20/1 46/10 1/20/1 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | 4. FEI Number 65-0898740 | Applied For Not Applicable | | |
| Zip | Country | Zip | Zip Country | | 5. Certificate of Status Desired | | | |
| | 6. Name and Address of Cu | urrent Registered Agent | | | 7. Name and Address of New Registered Ag | jent | | |
| | | | | ·Name · · · | | 1 | | |
| MAITLAND, J | | | | Street Address | (P.O. Box Number is Not Acceptable) | | | |
| = - | RDALE FL 33306 | | | | - | | | |
| | | | | City | FL | Zip Code | | |
| | med entity submits this staten s of registered agent. | ment for the purpose of chan | iging its registere | d office or registe | ered agent, or both, in the State of Florida. I am fa | miliar with, and accept | | |
| SIGNATURE | nature, typed or printed name of registers | ed agent and title if applicable. | (NOTE: Registered | Agent signature require | ed when reinstating) DATE | | | |
| FILE | NOW!!! FEE IS \$150.0 | 00 | | | 9. Election Campaign Financing | \$5.00 May Be | | |

| • Afte | r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State | | · | S. Election Campaign Financing Trust Fund Contribution. | Added | May Be to Fees |
|--|--|---|---------------------------------------|---|----------|-------------------|
| 10. | OFFICERS AND DIRECTO | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MAITLAND, JOHN F 2870 E OAKLAND BLVD FT LAUDERDALE FL 33306 | ☐ 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 |
| 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 | Vivolute 07(0V) Florido Florido I futbos | Change | Addition |

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:

JOHN F. MAYBLAND

Daytime Phone #