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

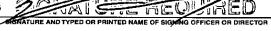
## DOCUMENT #

Mar 10, 2003 8:00 am Secretary of State P99000031323 1. Entity Name 03-10-2003 90744 033 \*\*\*150.00 ENSPOT.COM, INC. Principal Place of Business Mailing Address 1250 EAST HALLANDALE BEACH BLVD 1250 EAST HALLANDALE BEACH BLVD SUITE 609 SUITE 609 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0909568 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARNOLD, KENNETH M Street Address (P.O. Box Number is Not Acceptable) 1250 EAST HALLANDALE BEACH BLVD SUITE 609 HALLANDALE FL 33009 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Addition arnold, kenneth m NAME NAME 9309 Dickens Ave. 100 EDGEWATER DRIVE #205 STREET ADDRESS STREET ADDRESS Surtside PL 33154 CITY-ST-ZIP CORAL GABLES FL 33133 CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change Addition arnold, Jonathan G NAME NAME STREET ADDRESS 100 EDGEWATER DRIVE #205 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33133 CITY-ST-ZIP 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

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× 2/14/03

**FILED**