1. Entity Nam	MENT # P9900(THREE TWENTY, INC.	0038731		Mar 14, 2001 8:00 am Secretary of State 03-14-2001 90012 031 ***150.00
Principal Place of Business		Mailing Address		-
3320 FAIRFIELD LANE WESTON FL 33331		3320 FAIRFIELD LANE WESTON FL 33331		nuu
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0914232 Applied For
Zip	Country	Zip	Country	Not Applicable 5. Cartificate of Status Desired \$8.75 Additional
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
			Name	
3320	EN, ALAN P FAIRFIELD LNE TON FL 33331		Street Addre	ess (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
Tax filing i		gible FILE NO After MAY 1, Make Check Pay	NOTE: Registered Agent signature rec W!!! FEE IS \$150.00 2001 Fee will be \$550.0 yable to Department of	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS A	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, ALAN P 3320 FAIRFIELD LANE WESTON FL 33331	☐ 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	NAME STREET ADDRESS CITY- ST-ZIP	Change Addition

13. I hereby certify that the information supplied with this filling 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life propovered.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

3/5/2001 (954)217-4770
Date Dayling Phone #