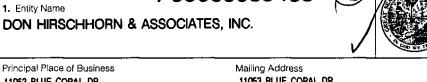
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000039486 DOCUMENT



FILED Jul 10, 2003 8:00 am Secretary of State 07-10-2003 90114 025 ***150.00

Principal Place of Business 11053 BLUE CORAL DR. BOCA RATON FL 33498		Mailing Address 11053 BLUE CORAL DR. BOCA RATON FL 33498				
2. Principal Place of Business		3. Mailing Address			7,000 17,100 700111 3 ,000 100110 00110 1601	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0919562	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registere	d Agent	
			Name	Name		
HIRSCHH	ORN, DONALD	د	Street Addre	ess (P.O. Box Number is Not Acceptable)		
11053 BL	UE CORAL DR.		Otroot riddio	tro. Doxidaniographic Notificial Company		
BOCA RA	TON FL 33498					
	•		City		Zip Code	
9 The above	comed antity submits this statemen	t for the purpose of phagoing it	registered office or reg	istered agent, or both, in the State of Florida. I a		
the obligat	ions of registered agent.					
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Registered Agent signature red	quired when reinstating) DAT	E	
	ILE NOW!!! FEE IS \$550.00					
After Se	ptember 10, 2003 Fee will be \$7 Payable to Florida Department			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME '	HIRSCHHORN, DONALD		NAME			
STREET ADDRESS	11053 BLUE CORAL DR.		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498	-	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition 6	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME Street Address			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		□ Delete	NAME		Onlings Addition	
STREET ADDRESS			STREET ADDRESS		+	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		<u> </u>	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	<u></u>		
12. Thereby o	certify that the information supplied v	vith this filing does not qualify to	or the exemption stated in	n Section 119.07(3)(i) Florida Statutes Hurther (certify that the information	

indicated on this report or supplied with this litting does not quaint 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 without like empowered.

SIGNATURE: