


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

004553 AV

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 10 AM 8:00

DOCUMENT #	P99000044101	
1. Entity Name 123JUMP.COM, INC.		

Principal Place of Business 407 LINCOLN RD. SUITE 12D MIAMI BEACH FL 33139	Mailing Address 407 LINCOLN RD. SUITE 12D MIAMI BEACH FL 33139
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2. Principal Place of Business Miami Beach Suite, Apt. #, etc. 12D City & State Miami Beach Zip 33139 Country U.S.	3. Mailing Address 407 Lincoln Rd #12D, Miami Beach, FL 33139 Suite, Apt. #, etc. City & State FL Zip Country
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☐ CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number 65-0897061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAH, MANISH 407 LINCOLN RD, SUITE 12F MIAMI BEACH FL 33139	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAH, MANISH R 407 LINCOLN RD, SUITE 12D MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVD BUCKINGHAM, THOMAS 407 LINCOLN RD, SUITE 12D MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200022933462 09/10/03--01064--D10 **550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, ROBERTO 407 LINCOLN RD, SUITE 12D MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE REQUIRED
Date: Sept 8th, 03 Daytime Phone #: 305-673-6339

CR2E034 (4/03)