FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2002 8:00 am Secretary of State

DOCUMENT # P 99000047597			04-02-2002 90109 021 ***150.00
DOCUMENT # P 99000047597 TH DESIGN Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4847 Process Suite, Apt. #, etc.	3. Mailing Address 4847 Process Suite, Apt. #, etc.		B0056730 do not write in this space
City & State Lip Worth, FL Zip Country	City & State Zhe Work	L FL	4. FEI Number. 65-0963827 Applied For Not Applicable
33463 USA	33463	U3/ +	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE		Street Address	nathan-Hatley P.O. Box Number is Not Acceptable) Premere Lane
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. SIGNATURE Signature, location printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150. After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-JIP OFFICERS AND		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR2E034B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR2E
NAME STREET ADDRESS 'CITY-ST-ZIP'		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	in this space
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13. 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 11 or on an attachment with an address, with all other like impowered.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR Date Proper			