2003 FOR PROFIT CORPORTION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2003 8:00 am Secretary of State 05-16-2003 90187 035 ***150.00

Principal Place of Business 104 OANWOOD DRIVE JUPITER FL 33458 2. Principal Place of Business Suite, Apt. 4, cic. Suite, Apt. 4, cic. Suite, Apt. 4, cic. City & State	1. Entity Nar	MENT # P9900 THE DESIGN, INC.	90135863				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Check Here if Maxins Changes City & State Country Zip Country S. Certificate of Status Desired Fee Required 2p Country Zip Country S. Certificate of Status Desired Fee Required 38.75 Additional Fee Required 38.75 Additio	104 OAKWOOD DRIVE 104 OAKWOOD DR		104 OAKWOOD DRIVE				
City & State Country Country Country S. Certificate of Status Desired S. Certificate of	Principal Place of Business 3. Mailing Address		3. Mailing Address		L MADINON HO DAILA NAHA OPIN PENA BAHA ODER HUMU HAWA 1881 	 10200 1717 1801	
Zip Country Zp Country 5. Certificate of Status Daskind S8.75 Additional Fee Required Security	Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
S. Gertificate of Status Desired	City & State		City & State				
Natifie Natifie Natifie Natifie Natifie Natifie Natifie National Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zıp	Country			
KAPLAN, MARJORIE G 104 OAKWOOD DRIVE JEPITER FL 33458 City City FL Zip Code 6. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and eccept the colligations of registered agent. SIGNATURE Speaker, poper or prised representations agent and title 4 applicable. FILE NOW!!! FEE.IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-51-2P TITLE Detels TITLE Detels TITLE MARE STREET ADDRESS CITY-51-2P TITLE CITY-51-2P TI	-	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
TILE PAYAN, MARIORES GIV. SIZET ADDRESS CITY-ST-ZP TILE MAKE STREET ADDRESS CITY-ST-ZP TILE				Name			
City FL Zip Code 4. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SiGNATURE Signature, speed or prised name of registered agent and the flatblebalk. FILE NOW!!! FEE. Is \$150.00 After May 1, 2003 Fee will be \$50,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Details TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Details	104 OAKV	NOOD DRIVE		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition					<u> </u>		
NAME	TITLE NAME STREET ADDRESS	P KAPLAN, MARJORIE G 104 OAKWOOD DR		TITLE NAME STREET ADDRESS		CRZE034 (10/02)	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 recort or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under onth; that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with	·	NAME STREET ADDRESS CITY-ST-ZIP			

indicated on this respond in 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 attactifier juvith acaddress, with all the empowered.