FILED
Aug 06, 2002 8:00 am
Secretary of State
08-06-2002 90278 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084554

1. Entity Name
Get Gaga Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2115 NE 37th Drive	306 Alcazar
Suite, Apt. #, etc. Ste 131	Suite, Apt. #, etc. Ste 301
City & State Ft Lauderdale Fl	City & State Coral Gables, Fl
Zip 33308 Country	Zip 33134 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650957570 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Stephanie Smith
Street Address (P.O. Box Number is Not Acceptable): 306 Alcazar, Ste 301
City: Coral Gables **FL** Zip Code: 33134

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 _____ July 30, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President,
NAME	STEPHANIE SMITH
STREET ADDRESS	306 ALCAZAR AVE, STE 301
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	VP
NAME	Ronald Wilkins
STREET ADDRESS	306 ALCAZAR AVE, STE 301
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: _____ July 30, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

Attachment

GETGAGA, INC.

#P99000084554
123401

July 31, 2002

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find enclosed the Uniform Business Report for GetGaga (FEI 650957570). We never received notice that you did not receive the original report sent earlier this year. Please contact me with any concerns at 843-259-9861. Thank you.

Sincerely,

Stephanie Smith

President

306 ALCAZAR SUITE 301 CORAL GABLES, FLORIDA 33134