FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 85436

1. Entity Name

FILED May 13, 2002 8:00 am Secretary of State

P			05-13-2002 90149 022 ***150.00	
BREITHAUPT ENTERP	rises Inc.			
DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business	3. Mailing Address			
3150 ANCHORNAY CT. 3150 ANCHORNA		LIAL CT		
Suite, Apt. #, etc. Suite, Apt. #, etc.		WORLY CI.	DO NOT WRITE IN THE	PONOF
APTE	APT E		DO NOT WRITE IN THE	2 2PACE
City & State	City & State	1	4. FEI Number	Applied For
Zip Country	FALLS CHUR		593600366	Not Applicable
22042 Country USA	22042	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Nome	7. Name and Address of Current Register	ed Agent
DO NOT W	Dite · ·	KONALI	D. G. LAURIA -	
		Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
IN THIS SP	ΔCF	620 C	ranes way, suite 20	7
	AOL			
		City A-LTAA	MONTE SPGS FI	Zip Code 3 2 7 0 1
8. The above named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida	- 30701
•		J	and a game, or both, in the state of horida.	
SIGNATURE				
Signature, typed or printed name of registered agent er	nd title if applicable. (NOT)	E: Registered Agent signature requi	ired when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible	January 1 - M	lay 1 Fee is \$150.00		<u>-</u>
Tax filing requirement and elects to do so.		1, Fee is \$550.00 d UBR is \$61.25	10. Election Campaign Financing	_ \$5.00 May Be
(See criteria on back)	Make Check Payab	ie to Department of Si	Trust Fund Contribution.	Added to Fees
11. OFFICERS AND D	DIRECTORS			
TITLE P		TITLE	-	
NAME MARK BREITHAUPT		NAME		
STREET ADDRESS 3150 ANCHORUMY CT. APPE		STREET ADDRESS		
THE CHOUSE OF	L2042	CITY-ST-ZIP		
TITLE .		TITLE		
NAME STREET ADDRESS :		NAME		
CITY-ST-ZIP		STREET ADDRESS		
TITLE		CITÝ-ST-ZIP		
NAME		TITLE		
STREET ADDRESS	e e es es es e	NAME		}
CITY-ST-ZIP		STREET ADDRESS	DO NOT WRI	TF
NTLE				
NAME		TITLE NAME	IN THIS SPACE	CE
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CITY-ST-ZIP		CITY-ST-ZIP		
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ITLE		TITLE		
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ITY-ST-ZIP		CITY-ST-ZIP		
3. Thereby certify that the information supplied with the indicated on this report or supplemental report is to	is filing does not qualify for t	he exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further cert	ify that the information

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 address, with all other like empowered.

SIGNATURE

SKNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

303-916-4169

Date

Daytime Phone #