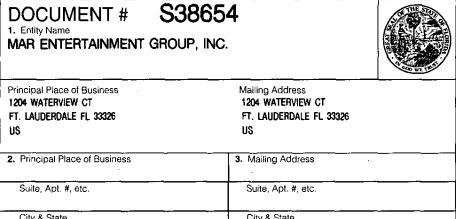
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



FILED Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90102 013 ***150.00

US		US	US				
2. Principal Place of Business		3. Mailing Address			18 11 616 11 418 11 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. F	El Number 65-0249589	<u> </u>	pplied For ot Applicable
Zip	Country	Zip .	Country	5. C	Certificate of Status Desired	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
وينه مستقيمة اختلاسيستاني دماء الدارات بدايس الماسية الأساعة الأارات			Name	Name			
RIPPS, MICHAEL			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
1204 WATERVIEW CT				Section 200 (1 to 1 doi: 101/101/100/pidelo)			
BOX 15							
FT. LAUDERDALE FL 33326			City	City FL Zip Code			
8. The above	named entity submits this statement	t for the purpose of changing its	registered office or regis	stered age	ent, or both, in the State of Florida. I am		and accept
	tions of registered agent.	. ,					•
0.014-1.55							
SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOT)	E: Registered Agent signature req	uired when rei	instating) DATE		
	W. C. MONTH. EEE, 10 44 50 00						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.)0 May Be d to Fees
$\hat{\sigma}$							
10.		ND DIRECTORS	11.	ADI	DITIONS/CHANGES TO OFFICERS AND		
TITLE	DP ANOUAE	☐ Delete	TITLE			Change	☐ Addition
NAME !	RIPPS, MICHAEL		NAME CTREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	1204 Waterview CT Ft. Lauderdale Fl		STREET ADDRESS CITY-ST-ZIP				
							
TITLE	D OFFICE OFFICE	☐ Delete	TITLE			Change	☐ Addition
NAME CTREET ADDRESS	SIEBERT, STEVEN		NAME				
STREET ADDRESS CITY-ST-ZIP	1204 WATERVIEW CT FT. LAUDERDALE FL		STREET ADDRESS CITY-ST-ZIP				
	FI. LAUDERDALE FL						
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS	and the second of the second o	بغيديات والمستوجع عربته والما	NAME STREET ADDRESS	تباغوه تسجيسوه براء حبره	and the second of the second o	٠. :	**
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE			☐ Change	Addition
NAME		L Deicte	NAME		•	Onlinge	Щ жашон
STREET ADDRESS		•	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	***,		Change	Addition
NAME		<u> </u>	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				ĺ
TITLE		Delete	TITLE	***		☐ Change	Addition
NAME			NAME			-	
STREET ADDRESS			STREET ADDRESS				İ
CITY-ST-ZIP	<u></u>		CITY-ST-ZIP				
12. I hereby o	certify that the information supplied w	ith this filing does not qualify for	the exemption stated in	Section 1	19.07(3)(i), Florida Statutes. I further cer	tify that the i	nformation

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: