AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -4 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S76120

1. Entity Name

THOMAS M. KANN MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

600015760776
04/11/03--01068--009 **61.25
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5700 Collins Avenue	5700 Collins Avenue
Suite, Apt. #, etc.: 8 H	Suite, Apt. #, etc.: 8 H
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number: 65-0307024 ☐ 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: Thomas M. Kann

Street Address (P.O. Box Number is Not Acceptable): 5700 Collins Avenue, 8 H

City: Miami Beach FL Zip Code: 33140

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. I am familiar with, and accept the obligations of registered agent.

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

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

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

10. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	Thomas M. Kann
STREET ADDRESS	5700 Collins Avenue, Suite 8 H
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	S
NAME	David Vaillant
STREET ADDRESS	5700 Collins Avenue, Suite 8 H
CITY-ST-ZIP	Miami Beach, FL 33140

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CR2E034B (12/02)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas M Kann President 3/25/03 305-868-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JF 4/7