


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90278 029 ***150.00

DOCUMENT # - V 2S952	
1. Entity Name THREADS, INC.	

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11013919

2. Principal Place of Business 5421 SHERIDAN ST.	3. Mailing Address 5421 SHERIDAN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State HOLLYWOOD FL	City & State HOLLYWOOD FL	4. FEI Number 65-0331650	Applied For <input type="checkbox"/> Not Applicable
Zip 33021-3341	Country BROWARD	Zip 33021-3341	Country BROWARD

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BARRY ROSENTHAL	
Street Address (P.O. Box Number is Not Acceptable) 5421 SHERIDAN ST.	
City HOLLYWOOD	FL Zip Code 33021-3341

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP BARRY ROSENTHAL 5421 SHERIDAN ST HOLLYWOOD, FL 33021-3341	TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE**

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: <u><i>Barry Rosenthal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/10/03	Daytime Phone # 954-966-2873
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CR2E034B (12/02)