2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V30534 DOCUMENT

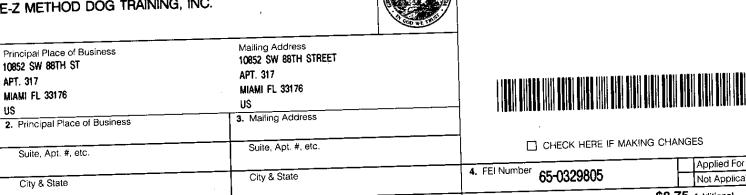
1. Entity Name

E-Z METHOD DOG TRAINING, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90192 018 ***150.00



Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FELDMAN, MORTON 2377 S.W. 25 AVE. **MIAMI FL 33145** Zip Code FL City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. SIGNATURE 4

F	Senature, typed or printed name of registered agent and title if applications of the property		** **	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Check Payable to Florida Department of State		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS	OFFICERS AND DIRECTO D FELDMAN, MORTON 108520 SW 88TH ST APT 317 MIAMI FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO STATE Change Addition
TITLE NAME STREET ADDRESS	MICHAEL E	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRES	3	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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 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.

<u>SIGNATURE</u> REQUIRED

Daytime Phone #