

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90409 006 \*\*\*150.00

**DOCUMENT # 303012**  
 1. Entity Name  
**DOLAN ENTERPRISES, INC**

Principal Place of Business      Mailing Address  
**6619 S. DIXIE HWY      same**  
**#211**  
**MIAMI, FL 33143**

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

City & State      City & State

Zip      Country      Zip      Country

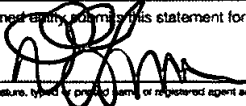
4. FEI Number **59-1161277**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DAVID M. TURNER**  
**19 WEST FLAGLER ST**  
**SUITE 600**  
**MIAMI FL 33130**

7. Name and Address of New Registered Agent  
 Name **David M. Turner**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19 West Flagler St, #600**  
 City **Miami**      FL      Zip Code **33130**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE       DATE **4/25/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

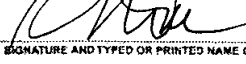
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>CCO</b>	<input type="checkbox"/>
NAME	<b>Barbara C. Dolan</b>	
STREET ADDRESS	<b>9241 SW 60 CT</b>	
CITY-ST-ZIP	<b>Miami FL 33152</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>Daniel D. Dolan</b>	
STREET ADDRESS	<b>9241 SW 60 CT</b>	
CITY-ST-ZIP	<b>Miami FL 33152</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       **4-24-01**      **305 661 5960**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)