

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

07-17-2001 90007 049 ***550.00

DOCUMENT # F98000001342
1. Entity Name
 FAM INTERNATIONAL SECURITY, INC.

Principal Place of Business
 8665 WILSHIRE BLVD. SUITE 400
 BEVERLY HILLS CA 90211

Mailing Address
 8665 WILSHIRE BLVD. SUITE 400
 BEVERLY HILLS CA 90211

2. Principal Place of Business
 Beverly Hills CA

3. Mailing Address
 AS ABOVE

Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 95-4658276 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WINSTON, HERBERT T
 2538 COOLIDGE ST.
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 Name: BRIAN M. LEEK
 Street Address (P.O. Box Number is Not Acceptable):
 2538 Coolidge ST
 City: HOLLYWOOD FL Zip Code: 33020

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.

SIGNATURE: *[Signature]* DATE: 8-14-01

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. **FILE NOW!!! FEE IS \$550.00**
 After September 12, 2001 Fee will be \$750.00
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RICE, JAMES N. 8665 WILSHIRE BLVD. SUITE 400 BEVERLY HILLS CA 90211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRIAN M. LEEK 8665 WILSHIRE BLVD. #400 BEVERLY HILLS, CA 90211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVCD RICE, JAMES N. 8665 WILSHIRE BLVD. SUITE 400 BEVERLY HILLS CA 90211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* DATE: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR12E034 (5/01)