

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90008 028 \*\*\*150.00

**DOCUMENT # J24728**  
 1. Entity Name  
**HAMPTON SECURITIES, INC.**

Principal Place of Business <b>3807 WILSHIRE BLVD.          STE. 1220          LOS ANGELES CA 90010          US</b>	Mailing Address <b>3807 WILSHIRE BLVD.          STE. 1220          LOS ANGELES CA 90010          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2691496</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HIGDON, KEVIN  
 C/O HAMPTON SECURITIES, INC.  
 411 N. DONNELLY ST., STE. 304  
 MT. DORA FL 32757**

**7. Name and Address of New Registered Agent**

Name **Robert Ryan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12902 U.S. Hwy 301 South**  
 City **Riverview** **FL** Zip Code **33569**

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 ROBERT RYAN - Senior Vice President *Robert Ryan* May 23, 2001  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ANTHONY, PATRICK</b>
STREET ADDRESS	<b>3807 WILSHIRE BLVD., STE. 1220</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90010</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>FULLER, KAREN</b>
STREET ADDRESS	<b>3807 WILSHIRE BLVD., STE. 1220</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90010</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>Bill Cantrell</b>
STREET ADDRESS	<b>3807 Wilshire Blvd., Ste. 1220</b>
CITY-ST-ZIP	<b>Los Angeles, Ca 90010</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 no 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: Patrick Anthony - CEO *Patrick Anthony* May 23, 2001 (213) 738-1281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)