

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000001115

FILED
May 01, 2003
Secretary of State

Entity Name: SURFCONTROL, INC.

Current Principal Place of Business:

100 ENTERPRISE WAY
STE A110
SCOTTS VALLEY, CA 95066

New Principal Place of Business:

Current Mailing Address:

100 ENTERPRISE WAY
STE A110
SCOTTS VALLEY, CA 95066

New Mailing Address:

FEI Number: 77-0287964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, ANNE E
1320 EMBASSY LANE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLAKEMAN, KEVIN
Address: 100 ENTERPRISE WAY, STE A110
City-St-Zip: SCOTTS VALLEY, CA

Title: VS () Delete
Name: HORSLEY, MATT
Address: 100 ENTERPRISE WAY, STE A110
City-St-Zip: SCOTTS VALLEY, CA

Title: V () Delete
Name: PURDHAM, STEVE
Address: 100 ENTERPRISE WAY, STE A110
City-St-Zip: SCOTTS VALLEY, CA

Title: V (X) Delete
Name: ROGAN, SHELAGH
Address: 100 ENTERPRISE WAY, STE A110
City-St-Zip: SCOTTS VALLEY, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN BLAKEMAN

PD

05/01/2003

Electronic Signature of Signing Officer or Director

Date