

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90417 043 \*\*\*150.00

DOCUMENT # P00000064761  
1. Entity Name  
CYBERDIFFERENCE CORP. ✓

**DO NOT WRITE IN THIS SPACE**

**94914**

2. Principal Place of Business  
2225 NURSERY ROAD  
Suite, Apt. #, etc.  
# 6-102

3. Mailing Address  
2225 NURSERY ROAD  
Suite, Apt. #, etc.  
# 6-102

DO NOT WRITE IN THIS SPACE

City & State  
CLEAR WATER  
Zip  
34624 Country  
USA

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CLEAR WATER  
Zip  
34624 Country  
USA

4. FEI Number 58-2558556  
Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name TOM DE GROOT  
Street Address (P.O. Box Number is Not Acceptable)  
2225 NURSERY ROAD # 6-102  
City CLEAR WATER FL Zip Code 34624

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 TOM DE GROOT  
*[Signature]*  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature needed when re-registering) DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE PRESIDENT + Director  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MATHIAS LEVAREK  
485 ORCHARD LANE  
SEDONA AZ

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Same as above

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: MATHIAS LEVAREK  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 05/13/02 428 2030835  
Daytime Phone #