

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

5/

DOCUMENT #
 1. Entity Name
Hidden Labs, Inc. P00000116961

DO NOT WRITE IN THIS SPACE

91380

2. Principal Place of Business
20 South 1st Street
 Suite, Apt. #, etc.
Suite 5

3. Mailing Address
688 Hawks Trace Drive
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville Beach, FL

City & State
Jacksonville, FL

4. FEI Number
59-3688469 Applied For
 Not Applicable

Zip
32250

Country
USA

Zip
32225

Country
USA

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

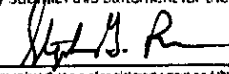
**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Stephen G. Prom
 Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street, Suite 2500
 City **Jacksonville** FL Zip Code **32202**

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  **Stephen G. Prom** 6/3/02
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering.) DATE

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

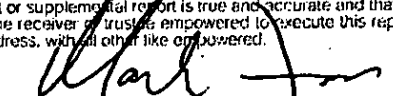
January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE	P Mark Foss	TITLE	
NAME	688 Hawks Trace Drive	NAME	
STREET ADDRESS	Jacksonville - FL - 32225	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	T/S	TITLE	
NAME	Kevin Cook	NAME	
STREET ADDRESS	20 South 1st Street, Suite 7	STREET ADDRESS	
CITY - ST - ZIP	Jacksonville Beach - FL - 32250	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **MARK FOSS** 4/29/02 904-246-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Phone #)

CR2E034B (12/01)