Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91394 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR P01000003333

DOCUMENT #

1. Entity Name KANA CORPORATION

Principal Place of Business 6516 14TH STREET WEST **BRANDENTON FL 34207**

Mailing Address 6516 14TH STREET WEST **BRANDENTON FL 34207**

2. Principal Place of Business 6516 14 th St. W. 6516 14 th				. w [
Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE IF	F MAKING	CHANGES		
City & Stat	identon, PL	City & State Browdent	on PL		4. FEI Number 65-1069285		<u> </u>	pplied For ot Applicable	
-3.U.S	Country	3420J	Country U.S.	<u>A</u>	5. Certificate of Status Desired		8.75 Add		
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New Re	gistered A	gent		
PATEL, GIRISH K				· ·					
6516 14TH STREET WEST				Street Address (P.O. Box Number is Not Acceptable)					
BRANDENTON FL 34207									
DRANUEN	110N FL 34207						_		
			City			FL	Zip Code	Э	
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	egistered office or	registere	ed agent, or both, in the State of Flori	ida. I am fa	miliar with, a	and accept	
SIGNATURE .	रेकेच्या के क्षेत्रक कर्म कर्म कर्म कर्म कर्म कर्म कर्म क	AND THE STATE OF T				DATE		}	
	Signature, typed or printed name of registered agent an	no title it applicable. (NOTE:	Registered Agent signati	Te required v		DAIE et a je saja		_ 	
	ILE NOW!!! FEE IS \$150.00			, -	9. Election Campaign Fina	•	•	O May Be	
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	Ctata			Trust Fund Contribution.			to Fees	
<u> </u>	<u> </u>				100000000000000000000000000000000000000		NACOTOR!		
10	OFFICERS AND E	Delete	11.	7	ADDITIONS/CHANGES TO OFFIC			Addition	
TITLE NAME	PATEL, GIRISH K	☐ Delete	NAME	1	PATEL, ASH	ISH	Change	X Addition	
STREET ADDRESS	6516 14TH STREET WEST		STREET ADDRESS	302	L Newell St.			_	
CITY-ST-ZIP	BRANDENTON FL 34207		CITY-ST-ZIP	Ša	in Antonio, T	しメブ	8215		
TITLE	D	□ Delete	TITLE				Change	Addition	
NAME	BHIKA, BIPIN		NAME					_	
STREET ADDRESS	2039 ARDSLEY LANE		STREET ADDRESS						
CITY-ST-ZIP	HOLIDAY FL 34690		CITY-ST-ZIP		<u>—, —, —, —, —, —, —, —, —, —, —, —, —, —</u>	<u></u>			
TITLE	D	LA Delete	TITLE		•		☐ Cha⊓ge	Addition	
NAME	PATEL, RAJAN B	1,	NAME						
STREET ADDRESS	6516 14ST WEST		STREET ADDRESS						
CITY-ST-ZIP	BRADENTON FL 34207		CITY-ST-ZIP	<u> </u>					
TITLE		Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					Ì	
CITY-ST-ZIP			CITY-ST-ZIP					}	
TITLE		□ Delete	TITLE				Change	Addition	
NAME		Delete	NAME				onango		
STREET ADDRESS			STREET ADDRESS					}	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME		•				
STREET ADDRESS			STREET ADDRESS					j	
CITY-ST-7IP			CITY-ST-7IP						

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like expowered.