FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91834 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000063298

1. Entity Name
SYNIPS WORLDCONNECT CORP.

Principal Place of Business	Mailing Address
1833 HALSTEAD BLVD STE 516 TALLAHASSEE, FL 32309	1833 HALSTEAD BLVD STE 516 TALLAHASSEE, FL 32309

2. Principal Place of Business	3. Mailing Address
3529 Norcross Lane	3529 Norcross Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32317 Country: USA	Zip: 32317 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 71-0889849 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEAHN, KRAIG S JR
1833 HALSTEAD BLVD STE 516
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name: Beahn, Kraig S JR.
Street Address (P.O. Box Number is Not Acceptable): 3529 Norcross Lane
City: Tallahassee FL Zip Code 32317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] KRAIG S BEAHN JR 4/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BEAHN, KRAIG S 1833 HALSTEAD BLVD STE 516 TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3529 Norcross Lane Tallahassee, FL 32317	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: [signature] KRAIG S BEAHN JR 4/20/03 (850) 509-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #