

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000064038

1. Entity Name

STREAMFINDERS, INC.

DO NOT WRITE IN THIS SPACE

90128286

2. Principal Place of Business
 1480 NW 95TH STREET

3. Mailing Address
 1480 NW 95TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number
 42-1540688

Applied For
 Not Applicable

Zip
 33147

Country
 USA

Zip
 33147

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

7. Name and Address of Registered Agent

Name
 T. JERMAINE ADAMS I

Street Address (P.O. Box Number is Not Acceptable)

1480 NW 95TH STREET

City
 MIAMI

FL

Zip Code
 33147

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

T. Jermaine Adams I

T. JERMAINE ADAMS I

5-1-03

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirements 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 & NAME: PD
 T. JERMAINE ADAMS I
 STREET ADDRESS: 1480 NW 95TH STREET
 CITY-ST-ZIP: MIAMI FL 33147

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME: VD
 WILLIAMS-ADAMS, INEZ
 STREET ADDRESS: 1480 NW 95TH STREET
 CITY-ST-ZIP: MIAMI FL 33147

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**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)(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:

T. Jermaine Adams I

T. JERMAINE ADAMS I, DIRECTOR

Date

5-1-03

Continue Photo #

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