

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000111347 1. Entity Name CYBERCROSSING CORPORATION			90130045
Principal Place of Business 9655 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		Mailing Address 9655 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154	
2. Principal Place of Business <i>9655 East Bay Harbor Dr.</i> Suite, Apt. #, etc. Bay Harbor Island, FL #4N		3. Mailing Address <i>9655 East Bay Harbor Dr.</i> Suite, Apt. #, etc. Bay Harbor Island, FL #4N	
City & State <i>Bay Harbor Island, FL</i> Zip 33154		City & State <i>Bay Harbor Island, FL</i> Zip 33154	
Country U.S.		Country U.S.	
6. Name and Address of Current Registered Agent LIEVANO, FERNANDO 9655 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		7. Name and Address of New Registered Agent Name <i>Alexandra Workman</i> Street Address (P.O. Box Number is Not Acceptable) <i>9655 E. Bay Harbor Dr. #4N</i> City <i>Bay Harbor Is.</i> FL Zip Code <i>33154</i>	
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 <i>Alexandra Workman</i> DATE <i>4/29/03</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WORKMAN, ALEXANDRA M STREET ADDRESS 9655 EAST BAY HARBOR DRIVE CITY-ST-ZIP BAY HARBOR ISLAND, FL 33164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME LIEVANO, FERNANDO STREET ADDRESS 9655 EAST BAY HARBOR DRIVE CITY-ST-ZIP BAY HARBOR ISLAND, FL 33164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TRES NAME PAPADAKIS, JOHN STREET ADDRESS 9655 EAST BAY HARBOR DRIVE CITY-ST-ZIP BAY HARBOR ISLAND, FL 33164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Alexandra Workman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>4/29/03</i> DAYTIME PHONE #: <i>3056062820</i>	

CFR2034 (1/02)