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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -3 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000129335 1. Entity Name CONNECT SOURCE, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 103 Colonial Lane Suite, Apt. #, etc.	3. Mailing Address 103 Colonial Lane Suite, Apt. #, etc.
City & State Longwood, FL	City & State Longwood, FL
Zip 32750	Country USA

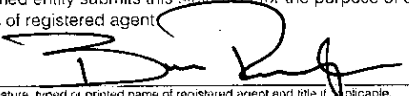
4. FEI Number 71-0916727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent	
Name Remington, Brian	
Street Address (P.O. Box Number is Not Acceptable) 103 Colonial Lane	
City Longwood, FL	Zip Code 32750

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

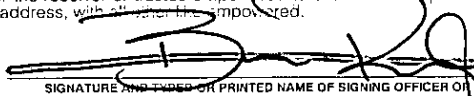
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE D	NAME Remington, Brian L.	TITLE	NAME
STREET ADDRESS 103 Colonial Lane	CITY-ST-ZIP Longwood, FL 32750	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

600023551096
10/03/03--01084--016 **150.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other names empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

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September 22, 2003

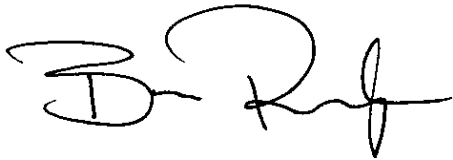
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sirs:

Please find enclosed my UBR for 2003. I am also enclosing a check for \$150.00 to cover the filing fees as required by the law.

~~I am requesting that my company be relieved of the late filing penalty due to the fact that we never received the forms.~~

Thank you for your help;

A handwritten signature in black ink, appearing to read "B Remington". The signature is stylized with a large, looped initial "B" and a cursive "Remington".

Brian Remington President