

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90462 018 ***150.00

DOCUMENT # **P04681**

1. Entity Name
ECONOCOM-USA, INC.



Principal Place of Business
**965 RIDGE LAKE BLVD.
SUITE 207
MEMPHIS TN 38120
US**

Mailing Address
**965 RIDGE LAKE BLVD
STE 207
MEMPHIS TN 38120
US**



2. Principal Place of Business
6750 Poplar Avenue

3. Mailing Address
6750 Poplar Avenue

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

CHECK HERE IF MAKING CHANGES

City & State
MEMPHIS, TN

City & State
MEMPHIS, TN

4. FEI Number **62-0937350**

Applied For
 Not Applicable

Zip **38138**

Country **USA**

Zip **38138**

Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$500
After Mar 2003 will be \$5,000
Make checks 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	COB	<input type="checkbox"/> Delete
NAME	BOUCHARD, JEAN-LOUIS	
STREET ADDRESS	12 AVENUE BOSQUET	
CITY-ST-ZIP	75007 PARIS, FRANCE	
TITLE	C	<input type="checkbox"/> Delete
NAME	THOMAS, KEVIN	
STREET ADDRESS	9686 WOODLAND VIEW LANE	
CITY-ST-ZIP	CORDOVA TN 38018	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	DRAKE, MICHAEL	
STREET ADDRESS	7074 MANOR WOODS CT	
CITY-ST-ZIP	GERMANTOWN TN	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FOSTER, CONNIE	
STREET ADDRESS	965 RIDGE LAKE BLVD STE 207	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 OF KEVIN THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-7-03**

Daytime Phone # **(901) 685-0021**