
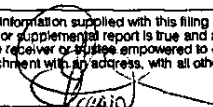


**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90214 037 \*\*\*150.00

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

<b>DOCUMENT # P97000027596</b>			
1. Entity Name <b>OBJECTMATTER, INC.</b>			
Principal Place of Business 13764 NW 15 ST. PEMBROKE PINES, FL 33028 US		Mailing Address 13764 NW 15 ST. PEMBROKE PINES, FL 33028 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRAVIESO, ENRIQUE JR 13764 NW 15 ST. PEMBROKE PINES, FL 33028		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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reissuing)</small>		<small>DATE</small>	
<small>PAY NOW! IN FEB. IS \$150.00        After May 1, 2003 Fee will be \$550.00        Make Check Payable to Florida Department of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIESO JR, ENRIQUE	NAME	
STREET ADDRESS	13764 NW 15 ST.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIESO, MARIA T	NAME	
STREET ADDRESS	13764 NW 15 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33028	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		5/14/03 786-853-6605	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Cayman Phone #</small>	

90136713



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0817532** Applied For  Not Applicable

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

CR20034 (10/02)