

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000058301**

1. Entity Name

Victor Ebner Enterprises, Inc.

FILED

01-AUG 14 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business
c/o Troutman
Sanders Mays & Valentine, LLP
Suite, Apt. #, etc.

3. Mailing Address
1660 International Drive
Suite, Apt. #, etc.

Suite 600
City & State
McLean, VA

Suite 600
City & State
McLean, VA

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

4. FEI Number
650853816

Applied For
Not Applicable

Zip
22102
Country
USA

Zip
22102
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

Capital Connection, Inc.
417 East Virginia, Suite 1
Tallahassee, FL 32302

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.

SIGNATURE *Stacey Bennett*

8-14-01

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001: Fee will be \$550.00
Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
President, Secretary, Treasurer & Director
Peter Braun
11789-79A Avenue
Delta, BC V4C 1V7

TITLE NAME Change Addition
President & Director
Christian Ebner
1, Avenue du Mail
1205 Geneva, Switzerland

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
400004547294
-08/21/01--01078--013
***550.00 ***550.00

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Company Phone #

CR2E034 (11/00)