

3/28/02

FILED  
May 12, 2002 8:00 am  
Secretary of State

03-28-2002 90170 022 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018743

1. Entity Name  
MEGAFILES INCORPORATED

Principal Place of Business Mailing Address  
11516 FOREST HILLS DR 11516 FOREST HILLS DR  
TAMPA FL 33612 TAMPA FL 33612

2. Principal Place of Business 3. Mailing Address  
4 Larchwood Dr 4 Larchwood Dr  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Pittsford NY Pittsford NY  
Zip Country Zip Country  
14534 USA 14534 USA

4. FEI Number 59-3569989 Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent  
FUNDERBURK, KRISTINE  
11516 FOREST HILLS DR  
TAMPA FL 33612

7. Name and Address of New Registered Agent  
Name: ~~Funderburk, Earl~~ David Oster  
Street Address (P.O. Box Number is Not Acceptable):  
~~4 Larchwood Dr~~ 9480 Princeton Sq. Bldg. S, #2406  
City: Pittsford Jacksonville FL 32256  
Zip Code: 32214

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: *[Signature]* President/Chief of Operations DATE: 3-11-2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FUNDERBURK, KRISTINE 11516 FOREST HILLS DR TAMPA FL 33612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUNDERBURKE, EARL 11516 FOREST HILLS DR TAMPA FL 33612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3-11-2002 DAYTIME PHONE #: 585-387-9372

21046



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

MEGAFILES, INC.

Attachment  
27547

April 20, 2002

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Reference Number: P99000018743

Dear Sir or Madam:

Please find enclosed a corrected Unified Business Report.

Please note that the Name and Address of New Registered Agent has been corrected to be:

Mr. David Osteen  
9480 Princeton Sq. Blvd. S. #2406  
Jacksonville, FL 32256

If you need anything at all, please feel free to call me at 585-387-9377.

Sincerely,



Earl Funderburk  
President/Chief of Operations,  
Megafiles, Inc.