

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90106 037 \*\*\*150.00

**DOCUMENT # P99000062708**  
 1. Entity Name  
**MARTNI HOLDINGS IV, INC.**

Principal Place of Business      Mailing Address  
**5401 KIRKMAN RD., STE. 725**      **5401 KIRKMAN RD., STE. 725**  
**ORLANDO FL 32819**      **ORLANDO FL 32819**

2. Principal Place of Business      3. Mailing Address  
**5728 MAJOR Blvd**      **5728 MAJOR Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 601**      **Suite 601**  
 City & State      City & State  
**Orlando FL**      **Orlando FL**  
 Zip      Country      Zip      Country  
**32819**      **US**      **32819**      **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**      Applied For  
**59-3587116**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KHATIB, RASHID A**  
**5401 KIRKMAN RD., STE. 725**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5728 MAJOR BLVD., STE. 601**  
 City **ORLANDO FL 32819**      **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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		<input type="checkbox"/> Delete
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KHATIB, RASHID A</b>	
STREET ADDRESS	<b>5401 KIRKMAN RD., STE. 725</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>R</b>	<input type="checkbox"/> Delete
NAME	<b>HODGE, RANDALL R</b>	
STREET ADDRESS	<b>5401 KIRKMAN ROAD SUITE 725</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	<b>5728 MAJOR BLVD., STE. 601</b>		
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>		
TITLE	<b>VPO</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	<b>5728 MAJOR BLVD., STE. 601</b>		
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>Khouri, Zahi W</b>		
STREET ADDRESS	<b>5728 MAJOR Blvd., Ste 601</b>		
CITY-ST-ZIP	<b>Orlando FL 32819</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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)(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: *Rashid A Khatib*      **Rashid A Khatib**      **President**      **4/16/01**      **(407) 354-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)