

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90171 021 ***158.75

DOCUMENT # K13481

1. Entity Name
OMICRON TECHNOLOGIES, INC.

Principal Place of Business

1110 BRICKELL AVENUE
 SUITE 430
 MIAMI FL 33131

Mailing Address

1310 N. STATE STREET
 SUITE 100
 BELLINGHAM WA 98225-4715

2. Principal Place of Business

3. Mailing Address

114 W. Magnolia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400-128

City & State

City & State

Bellingham, WA

Zip

Country

Zip

Country

98225

4. FEI Number

65-0032447

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD** Delete
 NAME: **SLEEMAN, BARRETT**
 STREET ADDRESS: **1310 N. STATE STREET, SUITE 100**
 CITY-ST-ZIP: **BELLINGHAM WA 98225**

TITLE: **CD** Change Addition
 NAME: **Sleeman, Barrett**
 STREET ADDRESS: **114 W. Magnolia Street, Suite 400-128**
 CITY-ST-ZIP: **Bellingham WA 98225**

TITLE: **STD** Delete
 NAME: **NAYLOR, DAVID**
 STREET ADDRESS: **1310 N. STATE STREET, SUITE 100**
 CITY-ST-ZIP: **BELLINGHAM WA 98225**

TITLE: **STD & CFO** Change Addition
 NAME: **Naylor, David**
 STREET ADDRESS: **114 W. Magnolia Street, Suite 400-128**
 CITY-ST-ZIP: **Bellingham, WA 98225**

TITLE: **D** Delete
 NAME: **FOSTER, CHRIS**
 STREET ADDRESS: **1310 N. STATE STREET, SUITE 100**
 CITY-ST-ZIP: **BELLINGHAM WA 98225**

TITLE: **D** Change Addition
 NAME: **Foster, Chris**
 STREET ADDRESS: **114 W. Magnolia Street, Suite 400-128**
 CITY-ST-ZIP: **Bellingham, WA 98225**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **PD** Change Addition
 NAME: **Narwal, Sakwinder**
 STREET ADDRESS: **114 W. Magnolia Street, Suite 400-128**
 CITY-ST-ZIP: **Bellingham, WA 98225**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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: *David Naylor* **David Naylor**, *Mar. 29, 2000* **877-903-2288**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)