

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041288
1. Entity Name: CONNECT SYSTEMS U.S.A. INC.

A0067827

Principal Place of Business: 1168 LUCAYA CIRCLE ORLANDO, FL. 32824
Mailing Address: 1970 OSCEOLA PKWY 344 KISSIMMEE FL. 34743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FLL Number: 59-3379523 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: LAVIGNE, JAMES R 5101 S. KIRKMAN RD, SUITE 500 ORLANDO, FL. 32819

7. Name and Address of New Registered Agent: 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 (Print or print name of registered agent and file if applicable) (SOLE Registered Agent signature required when consolidating) 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, 2001 Fee will be \$650.00 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 table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and a Delete checkbox.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and Change/Addition checkboxes.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 or without, like empowered.

SIGNATURE: M.H. DOVER April 24, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr