

**Amended**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000041986

1. Entity Name  
4G-TRADING, Inc.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 JUN 22 PM 3:45

Principal Place of Business Mailing Address  
109 E Church St.  
Suite 501  
Orlando, Fl. 32801

2. Principal Place of Business 3. Mailing Address  
109 E. Church St. 109 E. Church St  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 501 Suite 501

City & State City & State  
Orlando, Fl. 32801 Orlando, Fl.  
 Zip Country Zip Country  
32801 USA 32801 USA

4. FEI Number 59-363204 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
~~Neil Peiman~~  
~~124 Hidden Oak Dr.~~  
~~Longwood, Fl. 32779~~

7. Name and Address of New Registered Agent  
 Name Andrew Steele  
 Street Address (P.O. Box Number is Not Acceptable)  
109 E. Church St. Suite 501  
 City Orlando FL Zip Code 32801

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] DATE 5-16-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Neil Peiman</u> <input checked="" type="checkbox"/> Delete <u>124 Hidden Oak Dr.</u> <u>Longwood, Fl. 32779</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D James Nelson</u> <input checked="" type="checkbox"/> Delete <u>1428 Litchem Rd.</u> <u>Apopka, Fl. 32712</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Andrew Steele</u> <input type="checkbox"/> Delete <u>109 E Church St. Suite 501</u> <u>Orlando, Fl. 32801</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Brantley Smith</u> <input type="checkbox"/> Delete <u>912 Druid Rd.</u> <u>Maitland, Fl. 32751</u>
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	<u>D Andrew Steele</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>109 E Church St. Suite 501</u> (change address only) <u>Orlando, Fl. 32801</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>800004458588-5</u> <u>-07/05/01--01003--028</u> <u>*****51.25 *****51.25</u>
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 reports 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR8E034 (1/00)