

2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

FILED

01 OCT -5 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M44010
 1. Entity Name
 1360 POWER, INC.

Principal Place of Business
 SUITE 200 C
 11601 BISCAYNE BLVD
 MIAMI, FL 33181

Mailing Address
 SUITE 200C
 11601 BISCAYNE BOULEVARD
 MIAMI, FL 33181

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
 592760248

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 AUGUST, GUS
 11601 BISCAYNE BLVD., SUITE 200C
 MIAMI, FL 33181

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 _____ DATE _____
Signature, typed or printed name of registered agent and date is acceptable. NOTE: Registered Agent signature required when amending.

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so.

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 NAME STREET ADDRESS CITY- ST- ZIP	TPDS AUGUST, GUS 11601 BISCAYNE BLVD., SUITE 200 C MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V S D M 800004645498 -10/19/01--01032--03
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BAUM, TRACI 1509 MC FARLANE ROAD COLVILLE, WA 99114	TITLE NAME STREET ADDRESS CITY- ST- ZIP	*****51.50*****
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P AUGUST, BRUCE 11601 BISCAYNE BLVD., SUITE 200C MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	T AUGUST, LOUISE 11601 BISCAYNE BLVD, SUITE 200C MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MILLER, CELIA HC 52 BOX 8517 BIRDCREEK, AK 99540
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE 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: Gus August 10/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/01