## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 746100

1. Entity Name	WATCH RESEARCH I	SEARCH INSTITUTE, INC.			
Principal Place of B 106 N BRONOUGH S TALLAHASSEE FL 32 US	ST	Mailing Address P O BOX 10209 TALLAHASSEE FL 32302 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4.	
Zip	Country	Zip	Country	5.	
6. Name and Address of Current Registered Agent			و معامر عبد المال المال	· ~~ =7:	
			l Name		

## FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90199 032 \*\*\*\*61.25

90024619



Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   4. FEI Number 59-1918055   Applied For Not Applicable  Zio   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent   Name   Street Address of New Registered Agent   Name    CALABRO, DOMINIC M   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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Applied to represent agent and the Illinguistic Registered Agent elegistered agent agent agent agent agent agent and the Illinguistic Registered Agent elegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  President Chief Executive Officer   2/5/2003    SIGNATURE   State Now: FEE IS \$61.25   9. Election Campaign Financing   \$5.00 May Be Added to Fees   Make Check Payable to Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    Change   Addition	Principal Place of Business     Address     Address								
City & State  Country  E. Name and Address of Current Registered Agent  Name  6. Name and Address of Current Registered Agent  Name  CALABRO, DOMINIC M  108 N BRONOUGH ST  TALLAHASSEE FL 32301  City  FL Zip Code  7. City  FL Zip Code  8. The above named anthy submits its statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or both, in the State of Forida. I am familiar with, and accept, or	2. Tribipari idoo of bookings								
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6. Name and Address of Current Registered Agent   S. Certificate of Status Desired   Fee Required	Only a state								
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling 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 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 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 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 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 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 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 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 indicated on this report or supplemental 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 indicated on this report or director indicated on this repo

SIGNATURE:

President + Chief Executive Officer 2/5/2003