

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90068 005 ***150.00

DOCUMENT # F00000001107

1. Entity Name
MORAN DOME EXPLORATION, INC.

Principal Place of Business C/O NEVADA AGENCY & TRUST CO. 50 WEST LIBERTY STREET, SUITE 880 RENO NV 89501	Mailing Address C/O NEVADA AGENCY & TRUST CO. 50 WEST LIBERTY STREET, SUITE 880 RENO NV 89501
---	---

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

U O U N V - - -



DO NOT WRITE IN THIS SPACE

4. FEI Number **76-0621102** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CLANEY, KELVIN
898 NAFA DRIVE
BOCA RATON FL 33487

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

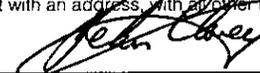
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUSKA, JOHN T 16079 IDEGUITO, A-4, BOX 675730 RANCHO SANTA FE CA 92067	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORTENSON, DAVID R 2400 LOOP 35, #1502 ALVIN TX 77511	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CLANEY, KELVIN 898 NAFA DRIVE BOCA RATON FL 33487	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Thomas Woolsey 110 S.E. Fourth Ave., #104 Boca Raton, FL 33483	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Jarvis 1191 Vito Cruz Ext. Makati City, Philippines	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Flohr 741A 10th Santa Monica, CA 90402	<input type="checkbox"/> Delete	<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 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 another like empowered.

SIGNATURE:  **Kelvin Clane** 1-31-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)