2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000003508

Entity Name: AZURIAN, INC.

FILED Aug 17, 2002 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Jurrent Principal Place of Business:	New Principal Place of Business:

420 LINCOLN ROAD, SUITE 235 2875 NE 191ST STREET MIAMI BEACH, FL 33139 SUITE 704

SUITE 704, FL 33180

Current Mailing Address: New Mailing Address:

420 LINCOLN ROAD, SUITE 235 2875 NE 191ST STREET MIAMI BEACH, FL 33139 SUITE 704 SUITE 704, FL 33180

FEI Number: 59-3588467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BYREN, P. MONIQUE
 Name:
 BYRNE, P. MONIQUE

 Address:
 101 FEDERAL STREET
 Address:
 101 FEDERAL STREET

 City-St-Zip:
 BOSTON, MA 02110
 City-St-Zip:
 BOSTON, MA 02110

Name: PRESTON, LAWRENCE Name: JARAMILLO, ALVARO

Address: 420 LINCOLN ROAD, SUITE 235 Address: 2875 NE 191ST STREET, SUITE 704

City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO JARAMILLO PRES 08/17/2002