2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F00000003940 **DOCUMENT #**

1. Entity Name

SUNGLOBE FIBER SYSTEMS CORPORATION



FILED
May 05, 2003 8:00 am & Secretary of State

05-05-2003 91905 037 ***150.00

Principal Place of Business

1550 SAWGRASS CORPORATE PKWY., SUITE 370 SUNRISE FL 33323

Mailing Address

1550 SAWGRASS CORPORATE PKWY.. SUITE 370

SUNRISE FL 33323



2 Principal F	lace of Business	3. Mailing Address	2001	iarl.	Blue	/	BATH BURKE BATH BURKE 113	1 00 11110 10111 1	A1811 (881) (881)
Suite, Apt. #, etc.		9715 W. BROWORD B/VB Suite Apt. #, etc.					rene ie mana	0.14410.50	
#219		#219				CHECK HERE IF MAKING CHANGES			
Planting, Fla.		Grantatin, Fla.				4. FEI Number 88-0182	2534	_ `	oplied For ot Applicable
333	24 Country A.	33324	Countr	A.	_	5. Certificate of Status Des		8.75 Add ee Require	
		7. Name and Address of New Registered Agent							
BAATTONIAN BABBULL				Name,					
PASTERN.	T 070		Street-Address (P.9) Box Minuter is Not Acceptab				e)/10 # 7/9		
1550 SAW	}-	7/	0 11	I Jako www.	NOUX.	<u>all</u>			
SUNRISE FL 33323									
				City	anta	etim	FL	ZipCop	324
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									and accept
	ions of registered agent.	7 7 3 3 3 3			•	• ,			
SIGNATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
=	ILE NOW!!! FEE IS \$150.00								
	May 1, 2003 Fee will be \$550.00			9. Election Campai Trust Fund Contr			May Be		
Make Check	Payable to Florida Department of	State				ilust Fulid Collii	ibdion,	Added	IU rees
10.	OFFICERS AND D	IRECTORS	11.			ADDITIONS/CHANGES TO	OFFICERS AND I	DIRECTORS	3 IN 11
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indicated	ertify that the information supplied with the	rue and accurate and that w	me exem	puon stati ro chall ba	ou in 5ecti	un 119.07(3)(I), FIORIDA STAT me legal effect as if made u	ates. I further certif	y mai the in	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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: