

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90029 022 \*\*\*150.00

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # F00000006063</b>   |   |   |   |  |  |
| <b>1. Entity Name</b><br>OPTIUM CORPORATION  |   |   |   |  |  |
| <b>Principal Place of Business</b><br>2721 DISCOVERY DRIVE<br>SUITE 500<br>ORLANDO, FL 32826   |   |   | <b>Mailing Address</b><br>500 HORIZON DRIVE<br>SUITE 505<br>CHALFONT, PA 18914  |  |  |
| <b>2. Principal Place of Business</b><br>500 HORIZON DR<br>Suite, Apt. #, etc. SUITE 505<br>City & State Chalfont PA<br>Zip 18914 Country USA  |   |   | <b>3. Mailing Address</b><br>SAME<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |  |
| <b>4. FEI Number</b><br>59-3684497   |   |   | <b>Applied For</b><br>Not Applicable  |  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   | <b>07222005</b> <b>Chg-P</b> <b>CR2E034 (10/03)</b>   |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                   |  |  |
| <b>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.</b>   |   |   |   |  |  |
| <b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 7, 2005</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>CFO</b><br>RENNER, DAVE<br>112 USHER LANE<br>NORTH WALES, PA 19454   | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>CEO</b><br>GERTEL, EITAN<br>1389 LAMPLIGHTER LN<br>GWYNEDD, PA 19436 | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | _____   | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | _____   | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | _____   | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | _____   | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | _____   | <input type="checkbox"/> Delete   |   |  |  |
| <b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |   |   | <b>SIGNATURE: DAVID RENNER</b> <b>7/22/05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small> |  |  |