

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001445

1. Entity Name
SONIX4U, INC.Principal Place of Business
24333 SOUTHFIELD ROAD, SUITE 103
SOUTHFIELD MI 48075Mailing Address
24333 SOUTHFIELD ROAD, SUITE 103
SOUTHFIELD MI 480752. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
ZipCity & State
Zip

Country

4. FEI Number

38-3559228

Applied For
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

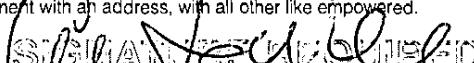
11. OFFICERS AND DIRECTORS

TITLE P Delete
NAME SOCIANU, CRISTIAN
STREET ADDRESS 24333 SOUTHFIELD ROAD, SUITE 103
CITY-ST-ZIP SOUTHFIELD MI 48075

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD Delete
NAME NINOV, CONSTANTIN
STREET ADDRESS 24333 SOUTHFIELD ROAD, SUITE 103
CITY-ST-ZIP SOUTHFIELD MI 48075TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE STD Delete
NAME SOCIANU, ELISA
STREET ADDRESS 24333 SOUTHFIELD ROAD, SUITE 103
CITY-ST-ZIP SOUTHFIELD MI 48075TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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CITY-ST-ZIPTITLE Delete
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CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.28.02

Date

Daytime Phone #

AT
3836900

CR2E034 (9/01)