2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

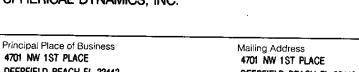
DOCLIMENT



Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90177 029 ***150.00

FILED

DOCUMENT #	FU1000002197
1. Entity Name	
SPHERICAL DYNAMICS,	INC.
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DEENFIELD BEACH FL 33442		DEERFIELD BEACH FL 33442		A LEGALISED THAN BOUND HARLE ORDER AGENT	d Anili Afili Rasia (INA) 19816 19111 1991	
2. Principal P	lace of Business	or maining / doress				
Suite, Apt.	#, etc.			CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1090866 Applied For		
City & State						
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Re	• • • •	
8. The above of the obligation SIGNATURE	1ST PLACE D BEACH FL 33442	I title if applicable. (NC	City	egistered agent, or both, in the State of Flori required when reinstating) 9. Election Campaign Finar Trust Fund Contribution.	DATE	
10.	OFFICERS AND DI		11.	100000000000000000000000000000000000000	<u> </u>	
TITLE	PST	Delete	TITLE	ADDITIONS/CHANGES TO OFFIC		
NAME STREET ADDRESS	KRAMER, WILLIAM 4701 NW 1ST PLACE DEERFIELD BEACH FL	Li Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	
NAME :	VCD Sturm, wayne m 744 Escalona dr.	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Add:	

SANTA CRUZ CA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 elecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ner like empowere

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

LAVIOUS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-20-03

Daytime Phone #