

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90292 028 ***150.00

DOCUMENT # **F02000000117**

1. Entity Name
FLASHBANG.COM, INC.



Principal Place of Business
**1523 - 4205 LONG KEY LANE
WINTER PARK FL 32792**

Mailing Address
**PO BOX 877
GOTHA FL 34734**

60006673



2. Principal Place of Business

911 N. ORANGE

3. Mailing Address

PO BOX 877

Suite, Apt. #, etc.

348

Suite, Apt. #, etc.

City & State
**ORLANDO
WINTER PARK, FL**

City & State
GOTHA, FL

4. FEI Number
91-2168115

Applied For
Not Applicable

Zip

Country

32801

ORANGE

Zip

Country

34734

ORANGE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AGAN, JASON
1523 - 4205 LONG KEY LANE
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name
AGAN, JASON
Street Address (P.O. Box Number is Not Acceptable)
911 N. ORANGE AVE
348
City
ORLANDO **FL** Zip Code
32801

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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing - Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOOERS, TIFFANY BOX 877 GOTHA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS AGAN, JASON BOX 877 GOTHA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 **407 532 7380**
Date Daytime Phone #