2004 FOR PROFIT CORPORATION

FILED Ian 16 2004 08:00 AM

	ANNUAL	REPORT		<u> </u>		Acres of C4c4c
DOCUMENT # F9500000474					Secre	tary of State
BIZ BASI	E TECHNOLOGIES CORPO	RATION				
4900 MANA SUITE 201	e of Business TEE AVENUE WEST I, FL 34209	Mailing Address 4900 MANATEE AVENUE WES SUITE 201 BRADENTON, FL 34209	T			
		The state of the s	San			
DO NOT WRITE IN THIS SPA			CE	01052004	No Chg-P	CR2E034 (10/03)
L	O NOT WHITE	IN THIS SEA		4. FEI Numb		Applied For Not Applicate
	·	A STATE OF THE PROPERTY OF THE	A Service A Law Control of Service Control of Servi	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	1			
BEYER, DAVID A C/O PIPER MARBURY RUDNICK & WOLFE LLP					NOT W	- N 1911-1911 - 1
TAMPA, F	NNEDY BLVD., SUITE 2000 L 33602			IN	THIS SF	PACE
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or regis	ered agent, or bo	oth, in the State of Flo	orida. I am familiar with, and accer
SIGNATURE.	Signature, typed or printed name of registered agent an	d title it applicable (NOTE, Registere	ed Agent signature requi	ed when reinstating)	·	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Election Campaign Final Trust Fund Contribution.		5.00 May Be ided to Fees		
10.	OFFICERS AND D	IRECTORS	<u> </u>	₋ ₋ -	1	
TITLE NAME	PSTD ETCHIESON, MICHAEL					
STREET ADDRESS GTY-ST-ZP	4900 MANATEE AVE WEST, STE BRADENTON, FL 34209	201			้ เมลิก็ก็ก	nnarite
TITLE	D1010E111 074,1 E 01200		1		01/16/04	-80048-001 300. <u>00</u>
NAME STREET ADDRESS			l		THE PERSON NAME OF THE PERSON NAME OF THE	-
CITY-SI-ZIP			-}			_
NAME						:
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME			1	IN '	THIS SF	•
STREET ADDRESS GITY-ST-ZIP						
TITLE NAME			1			· ·
STREET ADDRESS CITY-ST-ZIP						
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further cartify 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 30 other like empowered.

SIGNATURE:

SIGNATURE:

Legitime Proces

Legitime Proces

TITLE

STREET ADDRESS CITY-ST-ZIP