## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F97000002852

Entity Name: DESIGNWORX ARCHITECTURAL STUDIOS, INC.

FILED Feb 05, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2400 HERODIAN WAY #255 1995 NORTH PARK PLACE SMYRNA, GA 30080 SUITE 300 ATLANTA, GA 30339 **Current Mailing Address: New Mailing Address:** 1995 NORTH PARK PLACE SUITE 300 ATLANTA, GA 30339 FEI Number: 58-2008431 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REID, FRANCES 10825 NE 11TH AVE MIAMI, FL 33161 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ). OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete

 Name:
 MCCAMY, WM G

 Address:
 2400 HERODIAN WAY # 255

 City-St-Zip:
 SNYRNA, GA 30000

ty-3t-2ip. SNTKNA, GA 30000

Title: ST () Delete Name: ODOM. MARK E

Address: 2400 HERODIAN WAY #255

City-St-Zip: SMYRNA, GA 30080

Title: P (X) Change ( ) Addition

Name: MCCAMY, WM G

Address: 1995 NORTH PARK PLACE, SUITE 300

City-St-Zip: ATLANTA, GA 30339

Title: ST (X) Change () Addition

Name: ODOM, MARK E

Address: 1995 NORTH PARK PLACE, SUITE 300

City-St-Zip: ATLANTA, GA 30339

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM GARY MCCAMY PRES 02/05/2002