TROIKA DESIGN, INC.						05-21-2001 90367 001 ***558.75					
Principal Place of Business 1991 CORPORATE SQUARE UNIT 167 LONGWOOD FL 32750		Mailing Address 1991 CORPORATE SOUARE UNIT 167 LONGWOOD FL 32750				769300					
2. Principal	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	4. FEI Number 11-3288656 Applied For					7
Zip Country		Zip	Zip Coun		5			\$8.75 A	Not Applicable	€	
	6. Name and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent					
VEDARU BUILD F ID				Name							7
505	Daish, Philip F Jr Wekiva Springs Road, Suite 8 Gwood Fl 32779	300		Street A	Address (P.O.	Box Number is	Not Acceptable	e)			1
				City				FL	Zip Co	de	$\forall$
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					
11,	OFFICERS AND	DIRECTORS	12.				ANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11	┪
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOELL, LIVDGER ZUM DRAHTZUG 5 NISTER GERMANY 57645	☐ Delete	- 11		Bockli Tm Nis	President Lindger forfold 11 Musichen	C back / Cen	many	Change	☐ Addition	E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COPIN, JOSE 1991 CORP. SQ UNIT 167 LONGWOOD FL 32750	<b>⊠</b> Delete	- 11		(00° /V (has top 70) (no lake M	rp ih flyer ekvakr li laru IFL	V   S Evrace 1704 32764	. 303	☐ Change	Addition	CBS
TITLE NAME STREET ADDRESS		☐ Delete	- 11	T ADDRESS			<del></del>	<u>-</u>	☐ Change	Addition	-
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				•	•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	- 11:				•		☐ Change	Addition	
NTLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS					☐ Change	☐ Addition	

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 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

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900005007

1. Entity Name

Christoph Be

\_\_\_\_

Daytime Phone #