JOS PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT# H78/68 03 JUN -6 PH 2:07 Discovery Information Systems, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business
140 N. Westmonte Dr. 3. Mailing Address 140 N. Westmonte Dr. Suite Apt. W. etc. 305 DO NOT WRITE IN THIS SPACE Altamonte Springs, Fl City & Sinte Hota mont & Springs, FL Applied For Not Applicable Seminole Seminale \$8.75 Additional 32714 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Terra Jernigan DO NOT WRITE oring Valley An IN THIS SPACE Zip Code Altamonte Springs 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 Signature, typed or printed name of registered agent and title I applicable. (HOTE: Registered Agent signature required when remaining) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Chock Payable to Florida Department of State OFFICERS AND DIRECTORS 10. JUITIS ID TITLE THE 700020563837 06/06/03--01038--008 **150.00 Terry Fernigen 413 spring Valley Ln. MK name. STREET ADDRESS STRUCT ADDRESS Attamente Springs, FL 32714 D174-51-76 SHY-SI-7P TITLE W.E 700020563837 **NUE** iiA'Æ U6/U6/U3--01038--009 **150.00 STREET ADDRESS STREET AVORESS CITY-ST-ZP 2014-51-2P 700020563837 TTILE Will: 06/06/03--01038--010 **150.00 HASE MANAGE STREET ADDRESS STREET ADDRESS DO NOT WRITE CTY-ST-ZP C/14-51-7P TITLE THE IN THIS SPACE HALF HASE STREET ADDRESS STREET ADDRESS CGY-SI-ZP CITY-ST-ZIP TILE TITLE **7011020563837** 06/06/03-01038-011 **150.00 WE HAVE. STREET ADDRESS STREET ADDRESS CTY-ST-ZP CHY-SI-ZP THE TITLE 112.42 MAKE STREET ADDRESS STREET ADDRESS C11Y-S1-709 CHY-SI-ZP 12. Thereby 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 cath; that I am an efficer 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 on an attachment with an address, with all other like engowered.

Jernigan

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SIGNATURE: JW

5/27/03

Year 2000 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Year 2001 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H 78/6 1. Entity Name										
Discovery Information systems, Inc.										
DO NOT WRITE	IN THIS SI	PACE								
2. Principal Place of Business 140 N. Westmonte Dr.	3. Mailing Address	tmonte Dr.	1							
Suite, Apt. #, etc.	Suite, Apt, #, etc. Suite Zu	<u> </u>	DO NOT WRITE IN THIS:	SPACE						
City & State Altamonte Springs, FL			4. FEI Number 59-2573236	Applied For Not Applicable						
32714 Seminde	Zip 32714	Seminale	5. Certificate of Status Desired S8.75 Additional Fee Required							
		7. Name and Address of Current Registered	d Agent							
DO NOT W	RITE	jerv	Name Terry Jernigan							
		Street Address	(P.O. Box Number is Not Acceptable) Spring Valley Ln.							
IN THIS SP	ACE	ļ <u> </u>								
ે હ		City Alta	monte Springs FL	Zip Code 37714						
 The above named entity submits this statement for the obligations of registered agent. 	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am f	amiliar with, and accept						
Signature, typed or prired name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature require	rd when renstating) DATE							
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be						
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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 on an attachment with an address, with all other like empowered.										
SIGNATURE: Zury Jennym Terry Jernigan 5/27/03 407-786-0424										
	ROTTED NAME OF SIGNOS OFFICER	<i></i>	Dette	better Done #						

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05/23/2003

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the corporate filings for years 2000 through 2003. It recently came to our attention that our corporation had been administratively dissolved and these filings should bring us current.

I respectfully ask for waiver of the penalties as we moved our offices in 1999 and again in 2001 and never received the first or second notices. I would be most grateful for the waiver.

Please don't hesitate to call or contact me if there are any questions.

Best regards,

Terry Jernigan