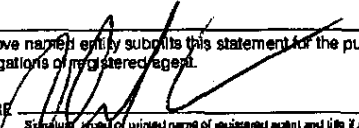
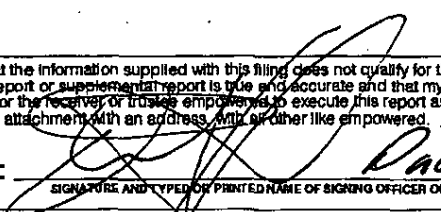


FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90192 038 ***550.00

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

DOCUMENT # L16887			
1. Entity Name MICRO ONE SYSTEMS, INC.			
Principal Place of Business 9054 W STATE ROAD 84 FT. LAUDERDALE, FL 33324 US		Mailing Address 9054 W STATE ROAD 84 FT. LAUDERDALE, FL 33324 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent GOLDMAN, CHARLES J. 601 SOUTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Richard H. Breit, Esq. Street Address (P.O. Box Number Is Not Acceptable) 150 North University Dr. Ste 200 City Plantation FL Zip Code 33324	
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  DATE 8/27/03 Signature of principal or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)			
FILE NOW! FEE IS \$50.00 May 4, 2003 Fee will be \$550.00 Amended UBR is \$81.25 MAY BE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIBBS, DAVID 3270 WASHINGTON LANE COOPER CITY, FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Hibbs 9054 W State Road 84 Ft. Lauderdale, FL 33324 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 an other like empowered.			
SIGNATURE:  David Hibbs SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		08/28/03 954-236-6694 Daytime Phone #	

CH2E034 (10/02)