


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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90098 033 \*\*\*150.00

<b>DOCUMENT #</b> L80716	
<b>1. Entity Name</b> PARAGON BUSINESS SYSTEMS INC.	

<b>Principal Place of Business</b> 4512 PARKWAY COMMERCE BLVD ORLANDO FL 32808 US	<b>Mailing Address</b> P.O. BOX 680698 ORLANDO FL 32868-0698 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>4. FEI Number</b> 59-3013250	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	
DALESSANDRO, ANTHONY J. 1411 CALATHEA DR. ORLANDO FL 32818	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>NAME</b>
PT	DALESSANDRO, ANTHONY J.
<b>STREET ADDRESS</b>	1411 CALATHEA DR.
<b>CITY-ST-ZIP</b>	ORLANDO FL
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
V	DALESSANDRO, PATRICIA J
<b>STREET ADDRESS</b>	1411 CALATHEA DR
<b>CITY-ST-ZIP</b>	ORLANDO FL
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
V	DALESSANDRO, ANTHONY JR.
<b>STREET ADDRESS</b>	10851 TAFT ST
<b>CITY-ST-ZIP</b>	PENSACOLA PINES FL 33024
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Delete	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.**

<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	01/09/03	407-293-3311
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CR2E034 (10/02)