2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003
Secretary of State

DOCUMENT# N00000005062

Entity Name: GLOBAL DEMONSTRATION, INC.

Current Principal Place of Business:

508 VISTA DEL LAGI LANE
WAKE FOREST, NC 27587

New Principal Place of Business:

508 VISTA DEL LAGO LANE
WAKE FOREST, NC 27587

Current Mailing Address:

508 VISTA DEL LAGI LANE
WAKE FOREST, NC 27587

New Mailing Address:

FEI Number: 55-0700568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, CYNTHIA
1701 MABBETTE STREET
BLDG 2-103
KISSIMMEE, FL 34741

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SANGER, JOHN
Address: 508 VISTA DEL LAGO LANE
City-St-Zip: WAKE FOREST, NC 27587

Title: D ( ) Delete
Name: SANGER, MAUREEN
Address: 508 VISTA DEL LAGO LANE
City-St-Zip: WAKE FOREST, NC 27587

Title: D ( ) Delete
Name: THOMAS, JOHN
Address: 6831-104 HIGH LINE STREET
City-St-Zip: RALEIGH, NC 27616

Title: D ( ) Delete
Name: SMITH, JACK
Address: 2901 RED CLAY DRIVE, APT 904
City-St-Zip: RALEIGH, NC 27604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SANGER D 04/14/2003

Electronic Signature of Signing Officer or Director — Date