2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0100000004

Entity Name: A BYTE @ A TIME, INC.

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

718 - 32ND STREET 718 - 32ND STREET ORLANDO, FL 32805 71 ORLANDO, FL 32805 71

Current Mailing Address: New Mailing Address:

718 - 32ND STREET ORLANDO, FL 32805

FEI Number: 59-3690305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOCTOR, JAMES J 215 NORTH EOLA DRIVE ORLANDO, FL 32801 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: HOPCRAFT, CYNTHIA A
Address: 749, 23ND CTREET.

 Address:
 718 - 32ND STREET
 Address:
 718 - 32ND STREET

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32805 US

Title: D () Delete Title: VP/T (X) Change () Addition Name: CALLIHAN, JAY Name: CALLIHAN, JAY

 Name
 CALLIFAN, 3AT
 Name
 CALLIFAN, 3AT

 Address:
 718 - 32ND STREET
 Address:
 718 - 32ND STREET

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 ORLANDO, FL 32805 US

Title: D () Delete Title: S (X) Change () Addition Name: DONOVAN, ROBERT Name: DONOVAN, ROBERT

Name:DONOVAN, ROBERTName:DONOVAN, ROBERTAddress:4100 LAKE CONWAY BLVD.Address:4100 LAKE CONWAY BLVD.City-St-Zip:ORLANDO, FL 32812City-St-Zip:ORLANDO, FL 32812 US

 $\label{eq:title:D} {\it Title:} \qquad {\it D} {\it ()} \ {\it Delete} \qquad \qquad {\it Title:} \qquad {\it VP/T} \qquad {\it (X)} \ {\it Change} \ {\it ()} \ {\it Addition}$

 Name:
 WOODS, BARBARA
 Name:
 CALLIHAN, JAY

 Address:
 508 NW 101ST STREET
 Address:
 718 32ND STREET

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 ORLANDO, FL 32805 US

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: CYNTHIA A. HOPCRAFT D 04/30/2002