2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004800

Entity Name: THE BUSINESS INFORMATION EXCHANGE, INC.

FILED Apr 11, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
13447 BYRD D ODESSA, FL 3						
Current Mailing Address:			New Mailing Address:			
13447 BYRD D ODESSA, FL 3						
El Number: 01-0721195 FEI Number Applied For ()		plied For()	FEI Number Not Applicable ()		Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
RADICS, ARGII 3684 WINDBEF PALM HARBOF	R BLVD					
The above nam in the State of F		tement for the pu	rpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE:						
		Dogistored Agen				
	Electronic Signature of	Registered Agen	t		Date	
OFFICERS AN	Electronic Signature of D DIRECTORS:	Registered Agen		IS/CHANGES	Date TO OFFICERS AND DIRECTOR	
Title: Name: Address:	J	Registered Agen			TO OFFICERS AND DIRECTOR) Change (X) Addition COURT	
Title: Name: Address: City-St-Zip: Title: Name: Address:	D DIRECTORS:	Kegistered Ageri	ADDITION Title: Name: Address:	DIR (ROSE, ROB 6305 SECRET TAMPA, FL 33	TO OFFICERS AND DIRECTOR) Change (X) Addition COURT 3625) Change (X) Addition IE H R BLVD	
OFFICERS AN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D DIRECTORS: () Delete	Kegistered Ageri	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	DIR (ROSE, ROB 6305 SECRET TAMPA, FL 33 PRES (RADICS, ARG 3684 WINDBE PALM HARBO	TO OFFICERS AND DIRECTOR COURT COUR	

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: ARGIE RADICS PRES 04/11/2003