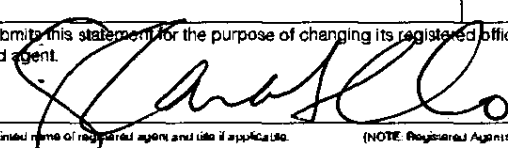
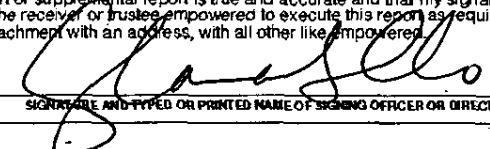


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90050 005 ****61.25

DOCUMENT # N99000001332																																																																																																																																									
1. Entity Name ARTEMIS PERFORMANCE NETWORK, INC.																																																																																																																																									
Principal Place of Business 1165 S.W. 6 ST. MIAMI, FL 33130 US		Mailing Address 1165 S.W. 6 ST. MIAMI, FL 33130 US																																																																																																																																							
2. Principal Place of Business		3. Mailing Address PO Box 01-2346																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
City & State		City & State Miami, Florida		4. FEI Number 65-0921425																																																																																																																																					
Zip		Country USA		Applied For Not Applicable																																																																																																																																					
5. Certificate of Status Desired ☐		8.75 Additional Fee Required																																																																																																																																							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																						
CARABALLO, SUSAN 1155 S.W. 6 ST. MIAMI, FL 33130			Name Caraballo, Susan																																																																																																																																						
			Street Address (P.O. Box Number is Not Acceptable) 12355 NE 13 AVE #206																																																																																																																																						
			City North Miami FL Zip Code 33161																																																																																																																																						
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 5/1/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when submitting)																																																																																																																																									
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D CARABALLO, SUSAN</td> <td style="width: 20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>1155 S.W. 6 ST.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33130</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>P RABEL, ANA MARIA</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>5876 S.W. 42 TERRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33155</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D MARTHELL, VIVIAN</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>1155 S.W. 6 ST.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33130</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D MICHEL, LIZBETH</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>1041 SW 92 AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33174</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D KRAMER, OSCAR</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>1351 MERIDIAN AVE #2</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI BEACH, FL 33139</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SDT PEREZ, ANA MARIA</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>908 SW 141 AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33184</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D CARABALLO, SUSAN	☐ Delete	NAME	1155 S.W. 6 ST.		STREET ADDRESS	MIAMI, FL 33130		CITY-ST-ZIP			TITLE	P RABEL, ANA MARIA	☐ Delete	NAME	5876 S.W. 42 TERRACE		STREET ADDRESS	MIAMI, FL 33155		CITY-ST-ZIP			TITLE	D MARTHELL, VIVIAN	☐ Delete	NAME	1155 S.W. 6 ST.		STREET ADDRESS	MIAMI, FL 33130		CITY-ST-ZIP			TITLE	D MICHEL, LIZBETH	☐ Delete	NAME	1041 SW 92 AVENUE		STREET ADDRESS	MIAMI, FL 33174		CITY-ST-ZIP			TITLE	D KRAMER, OSCAR	☐ Delete	NAME	1351 MERIDIAN AVE #2		STREET ADDRESS	MIAMI BEACH, FL 33139		CITY-ST-ZIP			TITLE	SDT PEREZ, ANA MARIA	☐ Delete	NAME	908 SW 141 AVENUE		STREET ADDRESS	MIAMI, FL 33184		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D Caraballo, Susan</td> <td style="width: 20%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>2033 Calais Drive #4</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Miami Beach, FL 33141</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D Marthell, Vivian</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>2033 Calais Drive #4</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Miami Beach, FL 33141</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	D Caraballo, Susan	☒ Change ☐ Addition	NAME	2033 Calais Drive #4		STREET ADDRESS	Miami Beach, FL 33141		CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D Marthell, Vivian	☒ Change ☐ Addition	NAME	2033 Calais Drive #4		STREET ADDRESS	Miami Beach, FL 33141		CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 617, 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.																																																																																																																																									
SIGNATURE:  DATE 5/1/03 305-324-0585 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																									

CRZE037 (10/02)