2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000020571

Entity Name: BROADSPAN CAPITAL INC

2121 PONCE DE LEON BLVD.

CORAL GABLES, FL 33134

Address: City-St-Zip: FILED Jul 02, 2003 Secretary of State

Littly Nai	IIIE. BROADS	PAN CAFITAL INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2121 PONCE DE LEON BLVD. SUITE 1210 CORAL GABLES, FL 33134					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2121 PONCE DE LEON BLVD. SUITE 1210					
CORAL G	ABLES, FL 33	134			
FEI Number:	: 65-1031040	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GERRARD, MICHAEL L 212 PONCE DE LEON BLVD. #735 SUITE 1210 CORAL GABLES, FL 33143 US			212 PONCÉ DE LEON SUITE 1210	GERRARD, MICHAEL L 212 PONCE DE LEON BLVD. SUITE 1210 CORAL GABLES, FL 33143 US	
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				07/02/2003	
	Electror	ic Signature of Registered Age	ent	Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () GERRARD, MIC 2121 PONCE D CORAL GABLE	E LEON BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () ANDRADE, FEI 2121 PONCE D CORAL GABLE	E LEON BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DTAS () CHIOSSONE, C	Delete DRLANDO	Title: Name:	() Change () Addition	

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

Address:

City-St-Zip:

SIGNATURE: MICHAEL L. GERRARD D 07/02/2003