

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90035 029 ***158.75

DOCUMENT # P000000022202
1. Entity Name COMPU-TED, INC. ✓

DO NOT WRITE IN THIS SPACE

425658

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>520 SE 32ND ST</u>		3. Mailing Address <u>13828 JEFFERSON PARK DRIVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>SUITE 7403</u>	
City & State <u>FORT LAUDERDALE FL</u>		City & State <u>HERNDON VA</u>	
Zip <u>33316</u>	Country <u>USA</u>	Zip <u>20171</u>	Country <u>USA</u>
4. FEI Number <u>65-0998031</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>CORPORATION SERVICE COMPANY</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1201 NAYES STREET</u>	
City <u>TALLAHASSEE</u>	FL Zip Code <u>32301-2525</u>

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/T/S/C</u> <u>THEODORE M. DIXON</u> <u>13828 JEFFERSON PARK DR #7403</u> <u>HERNDON, VA 20171</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Theodore M Dixon 4 MARCH 2002 (954) 609-7406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)