2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90334 045 ***150.00

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DOCUMENT # P00000059643

1. Entity Name
SIGNCURVE, INC.

Principal Place of Business	Mailing Address
315 LAKEPOINTE DRIVE, SUITE 103 ALTAMONTE SPRINGS FL 32701	315 LAKEPOINTE DRIVE, SUITE 103 ALTAMONTE SPRINGS FL 32701

746856

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9123 PHILIPS GROVE TERRACE		9123 PHILIPS GROVE TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO, FLORIDA		City & State: ORLANDO, FLORIDA	
Zip: 32836	Country: U.S.A.	Zip: 32836	Country: U.S.A.

4. FEI Number 59-3654076 — [X] 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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] — **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATANGE, VINAY B 315 LAKEPOINTE DRIVE, SUITE 103 ALTAMONTE SPRINGS FL 32701 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATANGE, VINAY B 9123 PHILIPS GROVE TERRACE ORLANDO, FL 32836 [X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PATANGE, PRATIBHA V 315 LAKEPOINTE DRIVE, SUITE 103 ALTAMONTE SPRINGS FL 32701 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PATANGE, PRATIBHA V 9123 PHILIPS GROVE TERRACE ORLANDO, FL 32836 [X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], VINAY PATANGE, PRESIDENT 3/26/2001 (407) 310 0157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #