FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2002 8:00 am Secretary of State

DOCUMENT # POODOO 9956						05-06-2002 90063 044 ***158.75		
Planet Communications & systems, Inc.					INC.			
	DO NOT WRITE	IN THIS SI	PAC	E			~ 	
Principal Place of Business 3. Mailing Address							8820	D
		1876 N University D			TYDE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	•	
City & State		City & State			4	. FEI Number	Applied For	٦
		Plantalion - FI				65-1031267	Not Applicable	ie
Zìp	Country	2ip 33322	Cour	ntry 900–19 11	up. 5		5 Additional lequired	٦
						Name and Address of Current Registered Ager		\dashv
				≅ Name ?	MAC	2 SUTO POCA		□
DO NOT WRITE				Street /	Address (P.O.	O. Box Number is Not Acceptable)		
IN THIS SPACE				18	76 N	JUniversity BY	<u> </u>	-
		City Plans			Trion FL 3	Code	1	
8. The above	named entity subritis this statement (o)	the purpose of changing its r	egistere	ed office o	r registered a	igent, or both, in the State of Florida.		1
	the eod				10 R	•	700-7	1
SIGNATURE .	Signature, typed or printed name of registered agent and				Ture required when		2002	
9 This corns		January 1 - Ma				DATE		4
Tax filing requirement and elects to do so. After May 1.			, Fee i	s \$550.00		10. Election Campaign Financing	\$5.00 May Be	
(See criter	ria on back)	Amended Make Check Payable	UBR II to De	s \$61.25 :partmen	t of State		Added to Fees	
11.	OFFICERS AND D		T			··· ·		- 1
MILE	President	_	IIITE					15
NAME STREET ADDRESS	KER GOAN ZA-12 HA +1505		NAME					[3]
CITY-ST-ZIP	CALI- COLUMNS	CALI- colombia		STREET ADDRESS CITY-ST-ZIP		·		CR2E034B (12/01)
TITLE	VICE PRESIDEN	CE PRESIDENT		TITLE				 ፴
NAME	ADRIANA. C. PULGARIA.		NAME			:		18
STREET ADDRESS City-St-Zip	(CVM 60 H # Z H 16 1)			T ADORESS			•	
			CITY-	ST-ZIP]
TITLE VAME			TITLE			·		
STREET ADDRESS		 		TADORESS		-		
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TITLE			TITLE			IN THIS SPACE		1
NAME STREET ADDRESS	s l		NAME			IN THIS SPACE		1 1
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NAME			NAME	į		•	ļ	
STREET ADDRESS			STREET	ADDRESS		•	}	
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TTLE HAME			TITLE	I				
TREET ADDRESS			NAME	ADDOTCO			ł	
CITY-ST-ZIP			CITY-S	adoress T-zip			1	
3. I hereby ce	ertify that the information supplied with this	s filing does not qualify for th	e exem	ption state	d in Section	119.07(3Xi), Florida Statutes. I further certify that the	ne information	
of the corp	on this report or supplemental report is truitoration or the receiver or trustee empower with all other like empoyers with all other like empoyers.	ered to execute this report a	signetur s req u ir	e shall har ed by Cha	ve the same t apler 607, Flo	119.07(3)(i), Florida Statutes, I further certify that the legal effect as if made under oath; that I am an offi rida Statutes; and that my name appears in Block	cer or director k 11 or on an	

04/18/2002