

**2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 AUG 23 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000090545  
1. Entity Name  
IDI, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
428 Lake Park Trail  
Suite, Apt. #, etc.

3. Mailing Address  
428 Lake Park Trail  
Suite, Apt. #, etc.

City & State  
Oviedo, FL

City & State  
Oviedo, FL

Zip  
32765

Country  
USA

Zip  
32765

Country  
USA

4. FEI Number  
59-3676908

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

*01-02 UBR*  
DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name  
Melissa Barry

Street Address (P.O. Box Number is Not Acceptable)  
428 Lake Park Trail

City  
Oviedo

State  
FL

Zip Code  
32765

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 *Melissa Barry* DATE *8/18/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D Melissa Barry 428 Lake Park Trail Oviedo, FL 32765	TITLE NAME STREET ADDRESS CITY - ST - ZIP 100007673341--8 -09/12/02--01001--015 ***300.00 ***300.00
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**DO NOT WRITE IN THIS SPACE**

*[Handwritten Signature]*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Melissa Barry* DATE *8/18/02* DAYTIME PHONE # *407-355-5340*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)