

**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

DO NOT WRITE IN THIS SPACE

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 *[Signature]* 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	<i>D</i> Melissa Barry 428 Lake Park Trail Oviedo, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100007673341--8
-09/12/02--01001--015
***300.00 ***300.00

DO NOT WRITE IN THIS SPACE

[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: *[Signature]* DATE *8/18/02* DAYTIME PHONE # *407-355-5340*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)