

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**


05-01-2003 90286 018 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**11032733**



☒ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # P00000091584</b>					
1. Entity Name <b>ENLINIUM, INC.</b>					
Principal Place of Business <b>322 SABAL PARK PLACE, SUITE 104 LONGWOOD, FL 32779</b>			Mailing Address <b>322 SABAL PARK PLACE, SUITE 104 LONGWOOD, FL 32779</b>		
2. Principal Place of Business <b>4748 HIGH OAK CT</b> Suite, Apt. #, etc.			3. Mailing Address <b>4748 HIGH OAK CT</b> Suite, Apt. #, etc.		
City & State <b>ORLANDO FL 32819</b>		City & State <b>ORLANDO FL</b>		4. FEI Number <b>59-3676418</b>	
Zip <b>32819</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VISVANATHAN, VISVA K 322 SABAL PARK PLACE, SUITE 104 LONGWOOD, FL 32779</b>				7. Name and Address of New Registered Agent Name <b>SOUNDARARAJAN, KRISHNAKUMAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>4748 HIGH OAK CT</b> City <b>ORLANDO</b> FL Zip Code <b>32819</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>S. Krishnakumar</u> <b>KRISHNAKUMAR SOUNDARARAJAN VICE-PRESIDENT</b> <b>04/27/03</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MR VISVANATHAN, VISVA K MR 322 SABAL PARK PLACE, #104 LONGWOOD, FL 32779</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MR SOUNDARARAJAN, KRISHNAKUMAR 4748 HIGH OAK CT ORLANDO, FL 32819</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>S. Krishnakumar</u> <b>KRISHNAKUMAR SOUNDARARAJAN</b> <b>04/27/03</b> <b>407-461-9651</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/02)