

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

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-15-2002 90065 016 ***150.00

DOCUMENT # P00000095251

1. Entity Name

SEPTAVISION TECHNOLOGIES INC. ✓

DO NOT WRITE IN THIS SPACE

93112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1615 CHERRY BLOSSOM TER.
Suite, Apt. #, etc.

3. Mailing Address
1615 CHERRY BLOSSOM TER.
Suite, Apt. #, etc.

City & State
HEATHROW, FL
Zip
32746
Country
U.S.A.

City & State
HEATHROW, FL
Zip
32746
Country
U.S.A.

4. FEI Number
59-3683919
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City
TALLAHASSEE FL Zip Code
32301

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 James Dawson Ass. U.P.
Signature, typed or printed name of registered agent and title if applicable.

James Dawson 6/3/02
(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)

January 1st - May 1st Fee is \$150.00
After May 1st 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	<u>DIRECTOR</u> <u>VONGURU, VIJAY</u> <u>1584 SHADOWMOSS CIRCLE</u> <u>LAKE MARY, FL 32746</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>RANJAN, DEVESH</u> <u>1515 BISHOPS AV #C5</u> <u>SECANE, PA 19018</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>NAGABUSHNAM, RAMESH</u> <u>1543 CHERRY BLOSSOM TER.</u> <u>HEATHROW, FL 32746</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>PRASAD, AJAY</u> <u>2508 GRASSY POINT DR. #106</u> <u>LAKE MARY, FL 32746</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DIRECTOR</u> <u>KAPUR, NAVIN</u> <u>1615 CHERRY BLOSSOM TER.</u> <u>HEATHROW, FL 32746</u>
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	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CR Reddy (VIJAY VONGURU)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02 (407)333-8003
Date Daytime Phone #