

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106788

1. Entity Name

MBN Payment Systems, Inc.

FILED
SECRETARY OF STATE
DESIGN OF CORPORATION

02 FEB -6 PM 4:55

Principal Place of Business Mailing Address
10181 W. Sample Rd # 209
Coral Springs FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1070582

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sonia Decicco
11011 Palm Ridge Lane
Tamarac, FL 33065

Name Indranie Raudial
Street Address (P.O. Box Number is Not Acceptable)
SAME AS ABOVE
City FL Zip Code

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: Indranie Raudial, President Indranie Raudial 01/22/02
Signature, typed or printed name of registered agent and title if applicable. (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V. President Delete
NAME Sonia Decicco
STREET ADDRESS 11011 Palm Ridge Lane Tamarac
CITY-ST-ZIP FL 33065

TITLE President Change Addition
NAME Indranie Raudial
STREET ADDRESS 10181 W. Sample Rd Coral Springs
CITY-ST-ZIP FL 33065

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. President Change Addition
NAME Haja Montayre
STREET ADDRESS 10181 W. Sample Rd # 209
CITY-ST-ZIP Coral Springs FL 33065

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Indranie Raudial Indranie Raudial 01/22/02 (954)255-0591

CR2E034 (11/00)