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

P00000114103 **DOCUMENT #**

1. Entity Name



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90570 049 ***150.00

GENIUS,	INC.							
	ce of Business MABRY HWY. STE 154 3614	Mailing Address 6800 N DALE MABRY H TAMPA FL 33614	WY. STE 154					10101 (1) (101
2. Principal F 2810	Place of Business St. Isabe1	3. Mailing Address 2810 St. Isa	bel		I I ns hiran ini ra hin ad ihi ar hik	H3(4) H3(6) (1),	II IIAII BITAI IIAII	POLEO (1)(1 73)
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			CHECK HERE IF MAKING CHANGES			
City & Stat Tampa	te , FL 03407	City & State Tampa, FL 33		4	. FEI Number 59-369563	11	 	oplied For ot Applicable
Zip 33607		Zip 33607	Country Hillsborou	gn	. Certificate of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		7.	. Name and Address of New	Registered	Agent	
OPEOO S	FRANK LEGA		Name		•			
GRĒCO, FRANK J ESQ			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
1715 WESTHSORE BLVD, STE 750 TAMPA FL 33607								
IAMPA FI	L 3300 <i>i</i>							
' !			City			Fi	Zip Cod	e
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office or	registered a	agent, or both, in the State of F	lorida. I an	n familiar with,	and accept
SIGNATURE .						·	·	
	Signature, typed or printed name of registered agent at	nd title if applicable. (NO	TE: Registered Agent signatu	re required wher	n reinstating)	DATE		
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign i	Financing	\$5.0	IO May Be
	r May 1, 2003 Fee will be \$550.00 k Payable to Fiorida Department of	State			Trust Fund Contribut	-		to Fees
10.	OFFICERS AND [11.					
	OFFICERS AND L	JIRECTORS	I 11.	A	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE	CEO	Delete	TITLE	<i>f</i>	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
NAME	CEO MANISCALCO, ANTHONY F	☐ Delete	TITLE NAME					
NAME STREET ADDRESS	CEO MANISCALCO, ANTHONY F 6800 N DALE MABRY HWY, STE	☐ Delete	TITLE NAME STREET ADDRESS	2810	St. Isabel, Suit			
NAME STREET ADDRESS CITY-ST-ZIP	CEO MANISCALCO, ANTHONY F 6800 N DALE MABRY HWY, STE TAMPA FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2810			Change	Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE: