2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P0100001448 1. Entity Name CYBERBIBER, INC.						P01000001448 FILED				
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Principal Place of Business Mailing Address PO BOX 540013 PO BOX 540013						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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6. Name and	Address of Current Re	gistered Agent			7. 1	Name and Address of New Registe	ered Ag	ent]
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ORLANDO FL 32804-6719			•							1
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e named eptitysub	mits this tatement for the	ne purpose of changing its re	gister	ed office or re	egistered ag	ent, or both, in the State of Florida.				1
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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 cath; that I am an officer or director of the corporation or the receiver or trasted prevenced 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 ampowered.

SIGNATURE:

SIGNATURE:

1. **The Company of the corporation of the corporation or the receiver of the corporation or the rece

Attachment # P01000001448 Dept of State, I HAD applied for my FEI but our not aware of having received it as of yet. I asked my CPA, Phi/Dears, of Demo Dours, to combet the IN and request the paperwork and number I will contact you with that number a soon as I can offer receiving it It you have any question please call when me Jac Bler all 467 973 -1305 or CAG: Phil Demoo for UBA DOC# PO100000 1448

Form SS+4

(Rev. April 2000) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

• Keep a copy for your records.

EIN EIN

OMB No. 1545-0003

	1 Name of applicant (legal name									
Please type or print clearly.	2 Trade name of business (if dif	3 Executor, trustee, "care of" name								
print	4a Mailing address (street address	5a Business address (if different from address on lines 4a and 4b)								
90	4b City, state, and ZIP code			5b City, state.	and ZIP cox	ie				
ase ty	6 County and state where princing	County and state where principal business is located								
ag	/ Name of principal officer, general partner, grantor, owner, or trustor — 554 of FFM May be required (356 matterior)									
	Type of entity (Check only one box	1518ER					•		-	
8a	Caution: If applicant is a limited lie		e instructions fo	or line 8a.						
	Sole proprietor (SSN)			state (SSN of de						
	Partnership	Personal service co	rp. 📙 Pi	an administrator	(SSN)		_ 00	017-11		
	REMIC	National Guard		ther corporation	(specify) ▶		DKTC	<u> </u>		
	<u>-</u>	Farmers' cooperativ		ust deral governme	nt/militan/					
	Church or church-controlled of Other nonprofit organization (s	-	ال دو	cuerai governine (en	-	annlicable)				
	Other (specify)			(0)						
8b	If a corporation, name the state or	foreign country	State	· ,		Foreign	соилту			
	(if applicable) where incorporated			-ida						
9	Reason for applying (Check only of		····	nking purpose (-					
	Started new business (specify	/ type) ▶		ranged type of or	-	(specify new t	ype) ▶			
	Used analogous (Charlesho h	new and see line 12 \		irchased going t eated a trust (sp						
	Hired employees (Check the to Created a pension plan (speci	· ·		calcu a ilusi (sp	ecity type)		(specify)	····		
10	The program a learner factor (alcount of the control of the contro						ccounting year (see instructions)			
12										
13	Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0 (see instructions)						ricultural	Agricultural	Household	
14	Principal activity (see instructions)	>								
15	Is the principal business activity m If "Yes," principal product and raw	-				,		Yes	No	
16	To whom are most of the products Public (retail)	or services sold? Plea Other (specify)	se check one b	ox.		⊠ Bu	ısiness (w	rholesale)	□ N/A	
17a .	Has the applicant ever applied for Note: If "Yes," please complete lin		ion number for	this or any other	business?			Yes	No	
17b	If you checked "Yes" on line 17a, o Legal name ▶	give applicant's legal na	me and trade n	ame shown on p		ition, if differer	nt from line	e 1 or 2 above.		
17c	Approximate date when and city a	nd state where the app	ication was filed	d. Enter previous	s employer	identification r	number if I	Known.		
	Approximate date when filed (mo., da	y, year) City and stat	e where filed				Previous	EIN		
Under penalties of pergay, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.							Business telephone number (include area code)			
Name	Fax telephone number (include area code)							(code)		
Signa	iture # 1860 Ch					Date ▶	3/1	12/01		
		Note: Do n	ot write below t	his line. For offic	ial use only	<i>i</i> .		/		
Pleas blank	se leave Geo.	Ind.		Class		Size	Reason fo	or applying		