
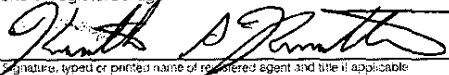
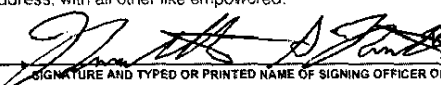


**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**  
09-08-2003 90312 033 \*\*\*150.00

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

<b>DOCUMENT #</b> P01000017716			
1. Entity Name <b>3 D TRANSPORT INC.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>1418 HAWTHORNE AVE</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>APOPKA FL</b>		City & State	
Zip <b>32703</b>	Country <b>ORANGE</b>	Zip	Country
4. FEI Number <b>59-3700341</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>KEITH BRITTEN</b>			
Street Address (P.O. Box Number is Not Acceptable)			
<b>1418 HAWTHORNE AVE</b>			
City <b>APOPKA</b>		FL	Zip Code <b>32703</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 		DATE <b>9/5/03.</b>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KEITH BRITTEN, D 1418 HAWTHORNE AVE APOPKA FL 32703</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		KEITH BRITTEN 407-886-0470	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)

Attachment  
80145817

September 5, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

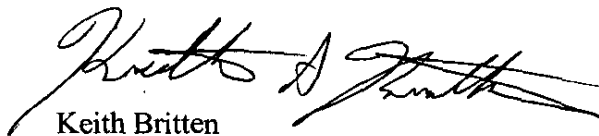
Dear Sir/Madam:

Re: **3 D Transport Inc.**  
**Document#: P01000017716**

This is to advise that we did not receive our 2003 Uniform Business Report in the mail. Unfortunately, as a result, filing of the report was overlooked. We therefore, now enclose the UBR for the year 2003 along with the filing fee of \$150.00.

We apologize for this error and request the abatement of any associated penalties. Your consideration is appreciated.

Sincerely,



Keith Britten  
President