2002 UNIFORM BUSINESS REPORT (UBR) Mar 29, 2002 8:00 am

FILED

Principal Place of Business 3460 ARCONAUT CT 71 ALLAHASSEE FL 32012 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. 2. Principal Place of Business Suite. Apt. #, etc. City & Siste City	1. Entity Nar	MENT # P01000 ne technology associati	0022055 ES, INC.			Secretary (02-13-2002 90180 0		
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HUNT, MICHAEL 3460 ARGONAUT CT TALLAHASSEE FL 32312 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Plorida. SIGNATURE Signature, typed or private rame of registered agent and tibe it applicable. NOTE Registered Agent signature required when remainting) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) The Corporation is eligible to satisfy its Intangible That filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME SITERI ADDIESS CITY-ST-ZIP SITERI ADDIESS CITY-ST-ZIP THE NAME SITERI ADDIESS CITY-ST-ZIP SITERI ADDIESS SITY-ST-ZIP THE NAME SITERI ADDIESS SITY-ST-ZIP SITERI ADDIESS SITY-ST-ZIP SITERI ADDIESS SITY-ST-ZIP SITERI ADDIESS SITY-ST-ZIP THE NAME SITERI ADDIESS SITY-ST-ZIP SITERI ADDIESS SITY-ST-ZIP SITY-ST-ZIP THE NAME SITERI ADDIESS SITY-ST-ZIP SITY-ST-ZIP THE NAME SITERI ADDIESS SITY-ST-ZIP SITY-ST-ZIP THE NAME SITERI ADDIESS SITY-ST-ZIP SITY-ST-ZIP SITY-ST-ZIP SITY-ST-ZIP THE NAME SITY-ST-ZIP SITY-ST-ZIP SITY-ST-ZIP THE NAME SITY-ST-ZIP	Zip Country Zip		Zip Country		5.	5 Certificate of Status Desired \$8.75 Additional		
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TALLAHASSEE FL 32312 City FL Zip Code			Street A	Street Address (P.O. Box Number is Not Acceptable)				
B. 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 Signature, typed or privide frame of registered agent and tibe if applicable. (NOTE Registered Agent algoratered Agent algoratered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisty its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or privide frame of registered agent and tibe if applicable. (NOTE Registered Agent algoratered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State								
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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			- Pr		1 6 6	440 67(0V) Fleide Cont. 1 (1)	£ . ab _ 6 ab	formation

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