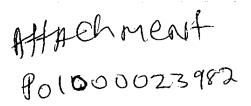
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P01000023482 03 JAN 17 PM 3:50 INNOVIA, INC. SECRETARY OF STATE FALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 13704 SW 92 Court 3. Mailing Address 3704 SN 92 COVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1084239 City & State City & State Applied For MIAMI PL. MIRM Not Applicable Country Country 5. Certificate of Status Desired 33176 ∧کن ヹ゚゚゚゙゙゙゚゚゙゚゙゚゙゚゚゙゙゙ヿヿゟ ۱۵۵۸ Fee Required 7. Name and Address of Current Registered Agent EONARD PINCHUK DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE MIAMI 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 familia the obligations of CONARD SIGNATURE ! typed or printed name of registe January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS President/ Director Leonard Pinchuk 13704 SW 92 Court TITLE TITLE CR2E034B (12/02 **800010667478** 01/23/03--01034--003 **150.00 NAME NAME STREET ADDRESS STREET ADDRESS Miani 12 33176 CITY-ST-ZIP CITY-ST-ZIP Scaretary/ Diane F.Pinch TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS PL 33176 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 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 empor DIANE F. PINCHUK 03 2059710036 SIGNATURE: -=

FIFD

Daytime Phone #



January 9, 2003

Division of Corporations Annual Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Innovia Inc.

Document # P01000023482

Dear Sir/Madam:

I am enclosing the Uniform Business Report and \$150.00 in filing fees for Innovia, Inc. We moved after Innovia Inc. was formed and the forms were sent to our old address; we never received them. This is our first Uniform Business Report filed and thus have this administrative oversight. We would greatly appreciate it if you would abate the penalties.

Thank you.

Very truly yours,

Diane F. Pinchuk