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

FILED May 24, 2002 8:00 am Secretary of State 05-24-2002 91329 048 ***150.00

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DOCUMENT # PO 0000 Z448>					
ONLINE	E DATABASE TE	CHNOLOGIES	S INC -		
	DO NOT WRITE	IN THIS SI	PACE		
2 Principal P	Visce of Business	3. Mailing Address			
573 RAMBLEWOOD DR.		573 RAMBLEWELD DR.			
Suite, Apt. #, etc.		Suite, Apt. €, etc.		DO NOT WRITE IN THIS SPACE	
	SPRINGS, FL.	City & State CORAL SPRING	T	4. FEI Number 65-108-5496	Applied For Not Applicable
Zip 330	Country U.S.A.	^{Zip} 33071	Country U.S.A.	9. Cardicate of Status Desired F	8.75 Additional see Required
- ng all garage Printer ya dilik				7. Name and Address of Current Registered	\gent
			Name KEN K	ERNS	
Street Address (P				P.O. Box Number is Not Acceptable)	
	:: IN THIS SP	ACE	JIS RE	IMPLEUDOD DR.	<u> </u>
			CURAL :	SPRINGS FL	Zip Code
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida.	}
					·
SIGNATURE -	Signature, typegas printed name of registered agent of	end title if applicable. (NOT	E: Registered Agent signature required	When reinstating) DATE	-02
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1: May 1: Fee Is \$150.00 After May 1: Fee Is \$150.00 Amended UBR is \$61.25 Make Check Payable to Department of State				10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND	DIRECTORS			
TITLE	PRESIDENT KEN KERNS				
NAME STREET ADDRESS	573 RAMBLEWCOD	DR.	NAME.		
CITY-ST-ZIP	CORAL SPRINGS FL.	33071	CITY-ST-ZIP		
TITLE			TITLE THE REPORT OF THE PARTY O		
NAME			NAME 2		
STREET ADDRESS	Talant		STREET ADDRESS		PROGRAM KANGGOLIKAN (POK KANGGOLIKA BANGGOLIKA (PENAKE)
CITY-ST-ZIP			ATTLE CONTRACTOR OF THE SECOND		
NAME		<u>سيمعن سيسيسن</u> رم سيست	- FNAME	and the state of the	-
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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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _

ME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954)-753-5773 04-28-02