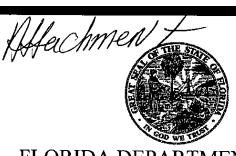
FILED Aug 14, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar		0043867	\$,			08-14-200	9002	2 045 ***5	50.00
Principal Place of Business Mailing Address 12501 BENT BAY TRAIL 12501 BENT BAY TRAIL JACKSONVILLE FL 33324 JACKSONVILLE FL 33324				<u> </u>		B 01 3	415	ó	
									[]
Principal Place of Business 3. Malling Address				<u></u>		O FORMANDA IAR ROMON ANDA ODNA DRAMI BONA BONA D	1 111 61411	BA TOŽIJA DELIŽI IRBO FO	Ħ
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State			1	1. FEI Number 59-3715	439	Applied Fo	_
Zip	Country	Zip Coun		try		Certificate of Status Desired \$8.75 Additional Fee Required			
		legistered Agent		Name	7	. Name and Address of New Register	ed Agent		
SPIEGEL									
349 ALMERIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134							· · · · · · · · · · · · · · · · · · ·		
				City FL Zip Code				p Code	
8. The above	a named entity submits this statement for	the purpose of changing its	registere	ed office or reg	gistered	agent, or both, in the State of Florida.			
SIGNATURE									
	Signature, typed or printed name of registered agent an	d life il applicable. (NOTE	Pegistered	Agent signature re	equired who	in reinstating) DA	TE		
Tax filing requirement and elects to do so. (See criteria on back) See Criteria on back See Criteria on back				viii be \$550.i		10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May B Added to Fees	• }
11.	OFFICERS AND D		12. TITLE		/	ADDITIONS/CHANGES TO OFFICERS			ゴ _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, ANSEL 12501 BENT BAY TRAIL						□ Ch	vange 🗋 Adviditi	CA2E034 (9/01)
TITLE	WONSONTELL FL SOSET	Ordete	TILE					ange 🔲 Additi	- E
NAME STREET ADDRESS CITY-SI-ZIP			1	T ADDRESS ST-ZIP					
TITLE		☐ Delate	TITLE				□ Ch	ange 🔲 Additi	Ori
NAME STREET ADDRESS: CTTY-ST-ZP				T ADDRESS		and the second s			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delate	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	"		iii ch	ange 🔲 Addiki	on
TITLE NAME STREET ADDRESS CITY-ST-ZEP		☐ Delitite	TITLE NAME STREET	ADDRESS			☐ Cha	inge 🔲 Addiliti	in
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deléte	TITLE	ADDRESS			☐ Cha	nge 🔲 Additio	a l
13. I hereby certify that the information supplied with this filling 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 certify 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: SIGNATURE AND TYPE OF BANKE OF BROKEN OF STORE DIRECTOR DIRECTOR DAY									



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 5, 2002

ZRRL TECHNOLOGIES, INC. 12501 BENT BAY TRAIL JACKSONVILLE, FL 33324

Subject: ZRRL TECHNOLOGIES, INC.

Reference Number;

P01000043867

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ns ANNUAL REPORTS SECTION