

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90256 026 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000060102</b>			
1. Entity Name <b>THE ZERNON CORPORATION</b>			
Principal Place of Business 245 N. OCEAN BOULEVARD, SUITE 201 DEERFIELD BEACH, FL 33441		Mailing Address 245 N. OCEAN BOULEVARD, SUITE 201 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 600 West Hillsboro Blvd Suite, Apt. #, etc. 104 City & State Deerfield Beach, FL Zip 33441 Country USA		3. Mailing Address 600 West Hillsboro Blvd Suite, Apt. #, etc. 104 City & State Deerfield Beach, FL Zip 33441 Country USA	
			
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
4. FEI Number 65-1112711		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAILEY, DANIEL 245 N. OCEAN BOULEVARD, SUITE 201 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Daniel Dailey Street Address (P.O. Box Number is Not Acceptable) 600 West Hillsboro Blvd #104 City Deerfield Bch FL Zip Code 33441	
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  Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAILEY, DANIEL 600 WEST HILLSBORO BLVD., STE 104 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/29/03 Daytime Phone #	

CR2E034 (10/02)