

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000060340

FILED
Mar 13, 2003
Secretary of State

Entity Name: BROADSOURCE TECHNOLOGIES CORPORATION

Current Principal Place of Business:

11266 W HILLSBOROUGH AVE #197
TAMPA, FL 336359762

New Principal Place of Business:

Current Mailing Address:

11266 W HILLSBOROUGH AVE #197
TAMPA, FL 336359762

New Mailing Address:

FEI Number: 59-3729464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COURTACCESS CENTERS OF AMERICA INC
3249 W CYPRESS ST STE C
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARICH, PHILIP L
Address: 11266 W HILLSBOROUGH AVE #197
City-St-Zip: TAMPA, FL 336359762

Title: VD () Delete
Name: LAJEUNESSE, TENNYSON
Address: 11266 W HILLSBOROUGH AVE #197
City-St-Zip: TAMPA, FL 336359762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP L. HARICH

PD

03/13/2003

Electronic Signature of Signing Officer or Director

_____ Date