

01-13-2003 90477 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067229

1. Entity Name

Kinetic Pixels, Inc.

DO NOT WRITE IN THIS SPACE

20005420

2. Principal Place of Business
 1826 River Watch Blvd

3. Mailing Address
 1826 River Watch Blvd

Suite, Apt. #, etc.
 Suite 100

Suite, Apt. #, etc.
 Suite 100

DO NOT WRITE IN THIS SPACE

City & State
 Tarpon Springs, FL

City & State
 Tarpon Springs, FL

4. FEI Number
 59-3730764

Applied For
 Not Applicable

Zip
 34689

Country
 USA

Zip
 34689

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 H M Workman

Street Address (P.O. Box Number is Not Acceptable)

1826 River Watch Blvd.

City
 Tarpon Springs

FL

Zip Code
 34689

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.

SIGNATURE

H M Workman

1/05/03

Signature, typed or printed name of registered agent and date it is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00

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 NAME STREET ADDRESS CITY- ST- ZIP	President & CEO, Heather B. Workman 1826 River Watch Blvd. Tarpon Springs, FL 34689	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director, Heather B. Workman 1826 River Watch Blvd. Tarpon Springs, FL 34689	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director & Secretary & Treas H M Workman 1826 River Watch Blvd. Tarpon Springs, FL 34689	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

H. M. Workman, Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/03

727-945-8665

DATE

Daytime Phone #

CR2E034B (12/01)