

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

DOCUMENT # **P61000069326**

1. Entity Name

FILED

02 NOV 20 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**751 Evangeline Ave**  
Suite, Apt. #, etc.  
**c/o Derrick Babb**  
City & State  
**Orlando, Florida**  
Zip  
**32809**

3. Mailing Address

**751 Evangeline Ave**  
Suite, Apt. #, etc.  
**c/o Derrick Babb**  
City & State  
**Orlando, Florida**  
Zip  
**32804**

4. FEI Number

**59-3734766**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Derrick Babb**  
Street Address (P.O. Box Number is Not Acceptable)

**751 Evangeline Avenue**

City **Orlando**

FL **32809**

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

**DO NOT WRITE  
IN THIS SPACE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**11/12/02**

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 \$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 **President**  
NAME **Derrick Babb**  
STREET ADDRESS **751 Evangeline Avenue**  
CITY-ST-ZIP **Orlando, Florida 32809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11/12/02-01031-0111-00150.00**

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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)(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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/12/02 321-287-0832**

Date

Daytime Phone #

CR2E034B (12/01)

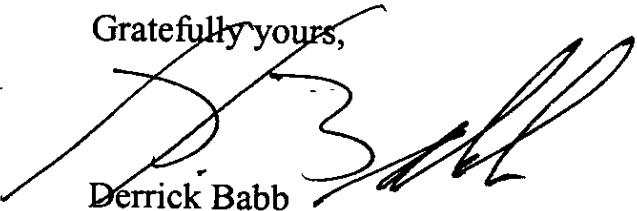
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314-6327  
November 13, 2002

Derrick Babb  
The ConquerWare Company  
751 Evangeline Avenue  
Orlando, Florida 32809  
321-287-0832

To Whom It May Concern:

Enclosed please find a bank check in the amount of \$150. This check is to cover the due Annual Report and Corporate Supplemental Fee for the ConquerWare Company. It was recently discovered that the firm's Annual Report was not submitted to your office. We have researched the matter and found that either the package was lost upon delivery to our college address of 1000 Holt Avenue or failed to be forwarded before reaching the college. In either case, we appreciate the number of filings your office handles per year, however, our office handles multiple Florida Annual Reports, each with its deserved rapidity and quick submission. Please accept this payment and the enclosed Annual Report. If you have any questions I can be reached at the above telephone number. Thank you for your assistance in this matter.

Gratefully yours,

  
Derrick Babb  
President  
The ConquerWare Company