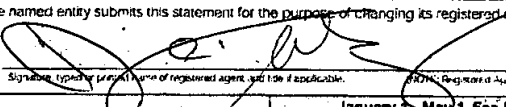
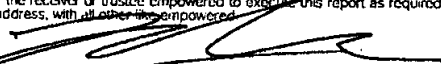


FILED
Jun 30, 2002 8:00 am
Secretary of State

05-27-2002 90502 006 ***150.00

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

DOCUMENT # P01000071488			
1. Entity Name NOVA Computing, Inc. ✓ DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 958 Salt Pond Place Suite, Apt. #, etc. 302 City & State Altamonte Springs, FL		3. Mailing Address 958 Salt Pond Place Suite, Apt. #, etc. 302 City & State Altamonte, FL	
Zip 32714	Country US	Zip 32714	Country US
4. FEI Number 59-3744099		Applied For Not Applicable	
5. Certificate of Status Desired ☐ -\$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name Daniel Alvarez			
Street Address (P.O. Box Number is Not Acceptable) 6955 Hanging Moss Rd.			
# 106			
City Orlando		FL	Zip Code 32807
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE  Signature (typed or printed name of registered agent, and title if applicable)		6/16/02 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 ☐ \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE P1517	NAME Michael Faith	TITLE	NAME
STREET ADDRESS 958 Salt Pond Pl. #302	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Altamonte, FL 32714	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
DO NOT WRITE IN THIS SPACE			
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: 		4-26-02 407-771-6468	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/01)