FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

- CONTRACTOR OF THE PROPERTY O			05-21-2002 91216 046 ***150.00	
OOCUMENT # <i>PO10000</i>	17917		R.	
WOBLOWIOE PRYPHONE	SERVICEC	INC.		
WOMEOWICE THE TIMORE CONTROLS 2.0.			The Pathers	
DO NOT WRITE	N THIS SP	ACE		
Principal Place of Business ADD SW AT COURT ADD SW Suite, Apt. #, etc. Suite, Apt. #, etc.		127 COURT	DO NOT WRITE IN THIS SPACE	
City & State	City & State MIRMI	=2	4. FELNumber / 14/8/5	Applied For Not Applicable
Zip 33184 Country	33/84	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Same and the second	Name •	7. Name and Address of Current Register	red Agent
DO NOT WRITE IN THIS SPACE		Street Address	Street Address (P.O. Box Number is Mot Acceptable)	
		MIRMI	·	L 293784
8. The above named entity submits this statement for the	ne purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered agent and	7/	:: Registered Agent signature require	è magasa	<u>04/44/02</u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After May Amender Make Check Payab	1, Fee is \$550.00.2 d UBR is \$61,25 & lie to Department of St	Trust Fund Contribution.	.\$5.00 May Be Added to Fees
11. OFFICERS AND DI	RECTORS .	TITLE		
NAME OIRZ, WILLIAM STREET ADDRESS 1200 SW 127 COURT CITY-ST-ZIP MIRM! FL 33184		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MIAN FC 9310 F		TITLÉ NAME		•
NAME STREET ADDRESS	s ·			
CITY-ST-ZIP		CITY+ST-ZIP TITLE		
TITLE NAME -		NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			DO NOT WI	KIIE
		TITLE NAME	IN THIS SP	ACE
NAME STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE		TITLE NAME		
NAME STREET ADDRESS CITY-ST-7IP				
THILE	•	TITLE	70 m	at "
NAME STREET ADDRESS		STREET ADDRESS	9	1 g in 1 g
CITY-ST_ZIP	this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Florida Statutes, I furthe	er certify that the information
13. I hereby certify that the information supplied with I indicated on this report or supplemental report is of the corporation or the receiver or trustee empt attachment with an address, with all other like em	true and accurate and that owered to execute this rep powered.		, ,	nat I am an onicer or director opears in Block 11 or on an
SIGNATURE: SIGNATURE AND TYPED OR PR	RINTED NAME OF SUNING OFFICE	WILLIAM DIRE R OR DIRECTOR	- FAUS UNIAYUN (OC	Daytime Phone +