

FROM :

FAX NO. : 4259408020

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91411 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085480	
1. Entity Name Zap Infotech, Inc.	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 10201 FACET CT. Suite, Apt. #, etc.	3. Mailing Address 10201 FACET CT. Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip 32836	Country USA
4. FEI Number 59-3741158	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name SINGH, HERMAN	
Street Address (P.O. Box Number is Not Acceptable) 500 E. SEMORAN BLVD., STE. 2J	
City CASSELBERRY	
FL	
Zip Code 32707	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
11.	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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12. 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 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 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Munira</u> <u>9/30/03</u> <u>321-689-5001</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	