2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000088848

Entity Name: BACKSPLASH, INC.

Address:

City-St-Zip:

FILED Sep 12, 2002 Secretary of State

Entity Name: BACKS	PLASH, INC.				
Current Principal Place of Business:		New Principal Place of Business:			
2142 SW 69 DRIVE GAINESVILLE, FL 326	07				
Current Mailing Address:		New Maili	New Mailing Address:		
2142 SW 69 DRIVE GAINESVILLE, FL 326	07				
FEI Number: 59-3744419	FEI Number Applied For()	FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
MURPHY, MELISSA J 703 NE 1 STREET GAINESVLLE, FL 3260	01 US				
The above named entity in the State of Florida.	y submits this statement for the p	ourpose of changing i	its registered	d office or registered agent, or both,	
SIGNATURE:					
Electro	ent		Date		
	to satisfy its Intangible Tax filing require Trust Fund Contribution ().	uirement and elects to	do so (X).		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: (Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	ROUNTREE, 2142 SW 69	() Change (X) Addition JULIETTA C PRES DR E, FL 32607 US	
Title: (() Delete	Title: Name:		() Change (X) Addition JAMES W V PRES	

Address:

City-St-Zip:

2142 SW 69 DR

GAINESVILLE, FL 32607 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIETTA C ROUNTREE PRES 09/12/2002