

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000103815

FILED
Jan 23, 2003
Secretary of State

Entity Name: VOYAGER HOLDINGS, INC.

Current Principal Place of Business:

TWO SOUTH UNIVERSITY DRIVW
SUITE 312
PLANTATION, FL 33324

New Principal Place of Business:

TWO SOUTH UNIVERSITY DRIVE
SUITE 312
PLANTATION, FL 33324

Current Mailing Address:

TWO SOUTH UNIVERSITY DRIVW
SUITE 312
PLANTATION, FL 33324

New Mailing Address:

TWO SOUTH UNIVERSITY DRIVE
SUITE 312
PLANTATION, FL 33324

FEI Number: 58-2657149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKWOOD, ANDREW
TWO SOUTH UNIVERSITY DRIVE
SUITE 312
PLANTATION, FL 33324

Name and Address of New Registered Agent:

PENA, JOHN W
TWO SOUTH UNIVERSITY DRIVE
SUITE 312
PLANTATION, FL 33324

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: JOHN W. PENA

01/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: LOCKWOOD, ANDREW
Address: 2 SOUTH UNIVERSITY DRIVE, SUITE 312
City-St-Zip: PLANTATION, FL 33324

Title: CFOD () Delete
Name: PENA, JOHN
Address: 2 SOUTH UNIVERSITY DRIVE, SUITE 312
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSD (X) Change () Addition
Name: PENA, JOHN
Address: 2 SOUTH UNIVERSITY DRIVE, SUITE 312
City-St-Zip: PLANTATION, FL 33324

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: JOHN W. PENA

PSD

01/23/2003

Electronic Signature of Signing Officer or Director

Date