2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000111198

Entity Name: PRIZM TECHNOLOGY, INC.

FILED Feb 19, 2002 8:00 AM Secretary of State

Current Pi	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
ORANGE BLOSSOM TOWER, 1330 MAIN ST UNIT 7 SARASOTA, FL 34236				6475 PARKLAND DRIVE SARASOTA, FL 34243		
Current M	ailing Addres	ss:	New Maili	New Mailing Address:		
ORANGE BLOSSOM TOWER, 1330 MAIN ST UNIT 7 SARASOTA, FL 34236				6475 PARKLAND DRIVE SARASOTA, FL 34243		
FEI Number: 65-1154400 FEI Number Applied For() FE		FEI Number Not App	licable()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
ORANGE I	N, MARCIA BLOSSOM TC A, FL 34236	WER, 1330 MAIN ST UNIT 7				
	named entity : e of Florida.	submits this statement for the pu	ırpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	ic Signature of Registered Ager	nt	Date		
		o satisfy its Intangible Tax filing requ	irement and elects to	do so (X).		
	S AND DIREC	, ,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MORRISON, M	SSOM TOWER, 1330 MAIN ST UNIT 7	Title: Name: Address: City-St-Zip:	D/VP (X MORRISON, M 6475 PARKLA SARASOTA, F	ND DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D/P (BOYLE, MICH 6475 PARKLA SARASOTA, F	ND DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:			

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: WILLIAM H. THOMPSON VP 02/19/2002